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# IDENTIFYING CHANGE:
# A CASE STUDY OF
# THE FAMILY OF A JUVENILE DELINQUENT

by

(C) JOHN SNEEP

A THESIS

SUBMITTED TO THE

FACULTY OF GRADUATE STUDIES AND RESEARCH

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Supervisor

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Date ..Oct. 12..... 1982

## DEDICATION

This study is dedicated to my family with whom I have experienced both the satisfaction of stability and the challenge of change.

## ABSTRACT

A difficult yet essential, initial task of the family psychotherapist is to assess the family - its rules, structure, the nature of the interactions that occur, and the relationships between the members of the family. On the basis of the initial assessments made, the therapist develops tentative hypotheses about the family system and its pathology - hypotheses which are used to plan specific therapeutic probes and interventions with a view to changing the family's dysfunctional rules and patterns of interaction.

The purpose of this study was, first of all, to employ a family systems perspective in developing methodologies for the on-going assessment of a family in therapy and, secondly, to apply the methodologies in a case study analysis of the process of therapeutic change in the family of a delinquent adolescent. The specific variables of family functioning which were measured by means of a structured interview administered before and after the family's involvement in therapy, and by observation and analysis of the family during nine therapy sessions, included the types of transactions which typify some of the family rules, the nature of the various dyadic relationships, the degree of scapegoating and protection, the clarity of the subsystem boundaries, the patterns of symmetrical and complementary interactions, and the degree of each member's participation in the therapy sessions. Changes in the above variables were measured and were related to the applica-

tion of specific, identified, therapeutic interventions with a view to measuring family change due to therapy.

The pre- and post-therapy assessments of the family system which were carried out by means of the structured interview as a measure of the outcome of therapy, detected changes in the father-mother dyad and in the father-"identified patient" and mother-"identified patient" dyads, all in the direction of the therapeutic goals for the family. The pre- and post-therapy dyadic relationship scores, exclusion scores, role attribution scores, and blame scores derived from the structured interview all indicated a greater degree of affiliation between the parents and a corresponding decrease in mother-daughter coalitions and an increased, positive involvement for the father in the parenting process. Similar family changes were measured by the analyses of the family transactional patterns, subsystem boundaries, dyadic relationships, and symmetrical and complementary speech patterns in each of the therapy sessions and these changes were related to the application of specific interventions by the therapist. The measurement of the degree of member participation in the sessions was not found to be a useful measure of family change. Of particular interest was the fact that family systemic changes, in the direction of the therapeutic goals, occurred only after the therapist had succeeded in joining with the family.

It was concluded that the methodologies designed for use in this study were useful in assessing some important and relatively complex

variables of the family system and, secondly, in monitoring changes in the family process as a result of the family's involvement in therapy. Further study to determine the general applicability of the methodologies to the assessment of dysfunctional families and to the measurement of family therapeutic change, and the usefulness of the methodologies in distinguishing dysfunctional from "healthy" families is recommended.

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# CHAPTER I

## INTRODUCTION

From the family systems perspective, the family is a rule governed, complex, and homeostatic system which resists change by prescribing, through the family's communicational transactions, specific role expectations of each family member (Goldenberg & Goldenberg, 1980). When the family, in its developmental life cycle, approaches a stage at which some change in one or more of its members is inevitable and necessary, such as one of its members leaving home, the family's resistance to change may produce conflict as the person becomes trapped by a set of rules that no longer apply, and by communications which confuse and distort in order to preserve the homeostatic situation. Unless the family system eventually adapts its rules and clarifies its communications, the system becomes dysfunctional and one of its members, often a child or adolescent, becomes the bearer of the symptoms of the family's pain by behaving in a schizophrenic, psychosomatic, delinquent, or other abnormal way. The symptomatic member then becomes the identified patient in the family, accepting this role--which the family permits the child to play--because the family system is thereby maintained. The family now concentrates its attention and energy on the symptom-bearing patient in the family and thus avoids dealing with the necessary but unwanted changes.

Eventually, however, when the symptoms displayed by the

identified patient become severe enough, the family seeks or is brought to therapy.

> Family therapists assume that psychopathology in a family member - the identified patient - is a response to that person's current situation. Consequently, observing the family together affords an excellent diagnostic opportunity (not available in individual therapy) to see how the members interact, how they communicate thoughts and feelings, and what alliances and coalitions are formed ... that may be related to the symptomatic behavior in the identified patient (Goldenberg & Goldenberg, 1980, p. 143).

One of the crucial initial tasks of the family therapist therefore, is to assess the family, its rules, structure, relationships, and the specific communicational patterns used by the various family members in order to maintain their dysfunctional homeostasis (Minuchin, 1974). According to Minuchin (1974), the structure of the family is displayed by the patterns of their interactions, their behaviors and communications together in the therapy room. By attending to the relationship level of the communications rather than to their specific content, the therapist obtains an understanding of the structural arrangements in the family.

> One looks for the lines of power and leadership, the subgrouping and alliances with their shifts around different significant themes, the labelling of the members and their

> assignment to particular roles, the fluidity of these labels when there is change in family composition or in family themes, and the ways in which language is used to support this structural balance (Minuchin, 1974, p. 174).

Watzlawick, Beavin and Jackson (1967) compare the assessment task of the therapist to that of a person, unfamiliar with the game of chess, watching such a game being played by two skillful players. The observer, initially at least, understands neither the rules nor the objective of the game. Soon however, he or she discovers that the move of one player is followed by that of the other and the observer will infer the rule of alternation of moves. Although the rules governing the moves of the individual pieces would take more careful observation to discover,

> after watching a series of games, the observer would in all probability be able to formulate with a high degree of accuracy the rules of chess, including the end-point of the game, the checkmate. It must be stressed that he could arrive at this result without the possibility of asking for information (Watzlawick, Beavin, & Jackson, 1967, p. 38).

Assessing the family's rules, interaction patterns, subsystem boundaries, and the effects of the family's behaviors on the family system leads the therapist to develop a tentative, system-focussed hypothesis about the family's pathology. Such an hypothesis, as in any

scientific endeavor, must be tested by experimentation, and will be either replaced, or modified, or, if supported, will lead to the formulation of specific therapeutic interventions designed to change the dysfunctional family system in the direction of the desired goal of the family. Thus, hypothesizing is an important second step, following the initial assessment, in the ongoing therapeutic process.

> In the family session, the phenomena provoked by the type of hypothesis formulated by the therapist as a guide to his activity define such activity as experimental. The data of such experimentation derive from immediate feedback (verbal and non-verbal) as well as delayed feedback resulting from the prescriptions and rituals given by the therapist.... It is obvious that the brilliance (or lack of it) of any research pivots upon formulation of the hypothesis (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1980, p. 5).

It is to this end, assessing the family's interactional patterns, to aid in the formulation and modification of hypotheses to be tested in therapy, that this study is directed. The overall purpose is to employ a family systems approach, based largely on the assessment and therapy techniques of Salvador Minuchin and Paul Watzlawick, two leaders in the field of family systems theory and family therapy, to design specific methodologies for identifying family transactional patterns and relationships and the changes which may occur in these patterns and relationships during the course of the family's involvement

in therapy. A second general goal is to develop a method for identifying specific types of therapeutic interventions and to establish whether or not these interventions produce a measurable change in the family structure and communication patterns.

Watzlawick suggests that

> the ideal goal of clinical family research would appear to be an instrument capable of scoring and measuring family interaction with such precision and economy that its results would provide the following:
>
> a) a method of classifying families on the basis of their specific patterns of interaction;
>
> b) a correlation of family interaction patterns with clinical diagnostic criteria, i.e., the identification of "typical" interactive behaviors in families with, for instance, a member who is schizophrenic, delinquent, suffering from a psychosomatic disorder, etc.;
>
> c) as a corollary of b) an objective definition of family "health" or "normality";
>
> d) a method of identifying and measuring family change, e.g., after therapy. (Watzlawick & Weakland, 1977, p. 69).

The specific purposes of this study are:

1. To develop a methodology for identifying and evaluating the family interaction patterns by questioning the members' perceptions of their relationships and rules for affiliation, coalition, overinvolvement,

conflict, and exclusion or detouring, as well as scapegoating and protection of individual members, as an aid in developing hypotheses about the structure of the family system;

2. To design a methodology for monitoring the family's transactions (including coalitions, overinvolvements, exclusions, and conflicts, as well as the symmetry and complementarity of the messages exchanged, the family's subsystem boundaries, and the degree of each member's involvement) during the family's participation in therapy sessions;

3. To design a methodology for identifying and classifying as to type, the various therapeutic interventions employed by the therapist(s) during family therapy sessions, with a view to determining the effect(s) of specific intervention strategies on the family's transactional patterns, both of a short term (first order change) nature as well as the longer term (second order) systemic changes;

4. To employ the above methodologies in a case study analysis of one family with a delinquent or acting-out member.

# CHAPTER II

## THEORY AND RELATED RESEARCH

This study is based on the concepts of family systems and family therapy proposed by Minuchin (1974) and Minuchin and Fishman (1981), and Watzlawick's theory of human communication and change (Watzlawick, Beavin, & Jackson, 1967; Watzlawick, Weakland, & Fisch, 1974; Watzlawick, 1976, 1978). In this chapter, these theories will be reviewed, followed by a review of studies which deal with juvenile delinquency and the family system and therapy with families with a delinquent member. Finally, the research from which the methodology for this study was derived, will be reviewed.

### Family Systems and Family Therapy

#### General Systems Theory

Minuchin's conception of the family as a system is derived from von Bertalanffy's General Systems Theory (1968a and b), which is a model applicable to all living systems from the relatively simple level of cell organization to the complex of interrelationships at the societal level. von Bertalanffy, a biologist, generalized his concept of systems to all the sciences, from mathematics to the behavioral and social sciences. Scientific enquiry, von Bertalanffy argues, produces a vast amount of data and a host of phenomena to be explained. Systems theory is an attempt to understand how much of the data as well as apparently unrelated phenomena are in fact interrelated as components

of a larger system. It is, in short, an attempt to integrate the various scientific disciplines, natural and social (von Bertalanffy, 1968a).

According to von Bertalanffy, systems are "sets of elements standing in interaction" (1968a, p. 38), sequences of events, none of which stands in isolation but which influences and in turn is influenced by other, related events. Living systems are characterized as being open, that is, maintained by a constant inflow and outflow of gases, food and wastes, energy, etc., as well as a build up and a break down of materials, of supply and demand. Such open systems are maintained in a somewhat tentative steady state as opposed to the equilibrium conditition that is possible in a closed system, isolated from its environment and subject therefore, to disorganization or "entropy" (to use von Bertalanffy's own term). Also characteristic of systems according to General Systems Theory is the concept of feedback which may be either positive or negative. According to this concept, a change in one of the system's components results in other changes in the system such that, eventually, the original change is either negated (negative feedback) or enhanced (positive feedback). Negative feedback, because it tends to counteract change, is the more important of the two in maintaining a homeostatic balance in biological systems (von Bertalanffy, 1968a).

In order to comprehend how such a system functions, particularly as it applies to psychology and psychopathology, and to better understand each individual component of such a system, one must study the

transactional processes taking place between the components; how one influences the others and is reciprocally influenced by them (von Bertalanffy, 1968b). Many of these transactions, whether they be between individual psychic forces inside the person, individuals in a family unit, or groups of individuals in society, are characterized by the systems concepts of homeostasis, differentiation, boundaries, and symbolic activities, among others (von Bertalanffy, 1968a). Homeostasis is the balance maintained in a system by negative feedback processes, differentiation refers to the development of a system "from a more general homogeneous to a more special, heterogeneous condition" (1968a, p. 211). The boundaries of a system are dynamic and never completely fixed, sometimes fluid and sometimes rigid. Healthy human systems are characterized by boundaries that are "open to the world" (1968a, p. 215), whereas pathogenic human systems may have boundaries that are paradoxically too fluid and too rigid at the same time and tend to limit human potentialities by closing the system away from the world. Finally, symbolic activity is also characteristic of human systems, distinguishing them from animal societies (von Bertalanffy, 1968b). As a result of man's uniqueness in this respect, much of what we call behavior disorder, mental illness, or psychopathology is a disturbance of symbolic functions and is thus a specifically human phenomenon, according to von Bertalanffy, and these disturbances can only be properly understood in the context in which they occur, for, in some societies, times, or situations, what passes

for highly creative genius, may in other contexts be labelled schizophrenic behavior. As a consequence, the study or treatment of isolated symptoms or syndromes is futile (von Bertalanffy, 1968a). An integrated systems approach is necessary both to understand the nature of psychopathology and to develop an effective psychotherapy. The General Systems Theory, applied to psychology and psychiatry, offers a refreshing alternative to what von Bertalanffy (1968b) calls the positivistic - mechanistic - reductionistic or "robot" model of man offered by both the psychodynamic and behavioristic schools.

The Family as a System

Minuchin, strongly influenced by von Bertalanffy's General Systems Theory, developed a body of theory about family structure and functioning and a psychotherapeutic technique which he refers to as Structural Family Therapy. Minuchin sees the family as a system and the basic unit of society, preferring to see the individual in the context of his social (usually family) setting. He suggests that an individual's psychic life is not only an internal process but is in fact "a constantly recurring sequence of interactions" (Minuchin, 1974, p. 9) between the individual and the influence of his or her social context. Therefore, if the context, the family structure, changes, the behavior, experiences, and inner psychic processes of each member of the family also changes. The converse is also true.

The structure of a family is characterized by Minuchin in terms of subsystems and boundaries. He identifies three subsystems typical

of most families; the spouse, parental, and sibling subsystems. It is not uncommon for families to include as well, a grandparent subsystem. It is important, according to Minuchin (1974), that these subsystems be distinct, but that, at the same time, they negotiate with and accommodate to each other. The distinction between the subsystems is referred to as a boundary and is defined by the rules which determine who participates with whom, under what circumstances, and how this participation will proceed. The function of the boundaries is to protect the differentiation of the system and should be defined well enough to allow family members to carry out their tasks without undue interference but, as well, to permit contact between individual members (Minuchin, 1974). Subsystem boundaries may become overly rigid such that contact is discouraged or not allowed at all, or they may become diffuse so that there is no clear distinction in functions between parents and children, for example.

The structure of the family is organized around the support, regulation, nurturance, and socialization of its members, according to Minuchin (1974). A healthy family system has self-perpetuating properties as well as properties which allow for changes. From time to time in the family's differentiation, the family must begin to do things they did not do before such as care for a newborn child, and these times produce family crises because the new patterns are not yet rehearsed. Eventually, in a healthy family, such patterns become established and the family reaches a new, more complex level of

development. Each family member develops as well, a sense of identity as a result of framing by the parents; the implicit rules they pass on to the child which govern his behaviors and interactions and which in turn, frame their behaviors as parents. Eventually, the child must also develop a sense of separateness from the parents and this provokes another crisis in the family.

Besides the crises brought about by the normal developmental changes in families, such as childbirth or a child becoming an adolescent, other crises may arise which require family adaptation. Separation or divorce, marriage of a son or daughter, or serious illness of another member, for example, also bring stress to the family system. Certain extrafamily forces as loss of work, school difficulties, economic problems, racial discrimination, or a move to a new neighborhood may also provoke a family crisis. Each of these, and others, requires the development of new, and as yet, unrehearsed patterns of interaction among family members if the family is to adapt to such changes.

Dysfunctional families try to resolve new situations by closing the family system away from the world, using the old, familiar repertory of behaviors. They do not develop new, more complex ways of interacting and they behave as if nothing has changed. Thus, the family becomes stuck in old patterns that no longer hold in the changed situation. As a result, one or more of the family members develops symptomatic behavior, a device which is maintained by, and which in

turn maintains, the old system in spite of the changed family situation (Minuchin, 1974).

Thus, the family system is an "invisible set of functional demands that organizes the ways in which family members interact" (Minuchin, 1974, p. 51). It is a system which operates through transactional patterns which regulate family members' behaviors. The system maintains itself by offering resistance to change beyond a certain range and maintains the preferred patterns as long as possible. When change becomes necessary, however, a crisis develops. The family's ability to work through and resolve such developmental crises determines to a large extent whether the family will be a healthy or a dysfunctional one.

Structural Family Therapy

According to Minuchin (1974, Minuchin & Fishman, 1981), the goal of therapy with a dysfunctional family, a family with too rigid or too diffuse subsystem boundaries, with old rules which they try to apply to the new situation, and with a member demonstrating symptomatic behavior in order to help the family maintain its old rules, is simply, to broaden the family's range of responses so that they are no longer stuck with only the old, more limited range of responses. The therapist does this by entering into the family system, developing a crisis, and modulating the changes that occur so that the range of responses of the family is wider. In this way, new rules can be developed by the family, which include the changed family circumstances, and the family thus reaches a higher, more complex level of develop-

ment (Minuchin & Fishman, 1981).

Minuchin's therapy is characterized by his insistence on sticking to the main issue, dealing with the problem the family presents rather than side issues, by his playfulness and use of humor, and his emphasis on the competencies of individual family members. He suggests too, that naivete can be useful in therapy as well as the quality which he paradoxically terms "trained spontaneity." It is important to Minuchin that the therapist be aware of himself and his competencies as well as those of the family. The therapist should also expect much repetition, because the family is naturally resistant to change. But he also insists that the family must be challenged. His use of language is very precise and planned, and he suggests that he often strokes and then kicks in order to cause a family member to move, to behave differently, to bring a change in the family structure.

Minuchin's model of therapy suggests that when a therapist works with a dysfunctional family, he joins with the family to form a new system, a therapeutic system that begins to govern the behavior of its members in new ways. The therapist joins the family in a position of leadership, he unearths and evaluates the underlying family structure and creates circumstances that will encourage and allow the transformation of this structure to occur (Minuchin, 1974). This transformation of the family structure occurs through "changes in the positions of the family members vis a vis each other and the consequent modification of their complementary demands" (1974, p. 111). The therapist

as leader is fully responsible for what happens in therapy. The therapist assesses the family, diagnoses the dysfunctional patterns, and develops goals for the therapy based on his assessment and diagnosis. He then plans interventions to facilitate family change in the direction of these goals.

Family therapy occurs in three overlapping and interdependent stages, according to Minuchin (1974). The therapist must first of all join with and accommodate to the family, by means of actions which are aimed at relating to each family member and accommodating himself to the family system. This occurs through such techniques as providing support for the structures which strengthen the family system, following the content of family communications and behaviors by showing interest, asking for clarification, and the like, and mimicing the tempo, style, kind, and amount of family communication. Minuchin believes that if the therapist does not join with the family, the therapy will fail (Minuchin and Fishman, 1981).

The second phase of therapy, overlapping with the first and third phases, is what Minuchin calls 'diagnosis.' Through his careful observations of family interactions, he makes tentative assessments and hypotheses about the family structure and preferred transactional patterns, the system's flexibility and capacity for restructuring, the family's resonance or sensitivity to its individual members' actions, the characteristics of the subsystem boundaries, the sources of support and stress in the family ecology, the developmental stage of the family,

and its ability to perform tasks appropriate to that stage, and how the identified patient's symptoms are used to maintain the family's preferred transactional patterns (Minuchin, 1974). The data on which Minuchin bases the hypotheses he makes are achieved experientially in the process of joining the family, on the basis of his observations of present functioning rather than the past history of the family. Minuchin draws a tentative 'family map' as an aid in assessing the family structure and as a guide for planning the next stage of therapy, the restructuring phase.

In the third phase of therapy, Minuchin uses interventions that confront and challenge the family in an attempt to force a therapeutic change. In some cases, the non-confrontive joining with and probing of the family structure may also bring about a restructuring of the family system. However, usually the system's stability requires confrontation in order to cause a change.

The restructuring operations used to confront and challenge the family system are of seven types in Minuchin's model (1974). One technique labelled actualizing the family's transactional patterns, includes enactment or role playing, or insisting that the family talk about a specified topic, or determining who sits or stands where in order to manipulate closeness and distance. Another technique, called marking boundaries makes use of rules delineated by the therapist in order to strengthen boundaries in enmeshed families and weaken the rigid boundaries in disengaged families. Thirdly, stress in the family

may be increased by blocking transactional patterns, emphasizing differences between family members, developing a family conflict, or temporarily joining in a coalition with one member against another. Assigning tasks to family members, a fourth technique, creates a framework within which the family must function (Minuchin, 1974). The therapist, as leader, assigns various tasks or roles to family members to be carried out in the session or at home. Fifthly, Minuchin suggests that utilizing the symptom may be the quickest route to diagnosing and changing dysfunctional patterns. The therapist may exaggerate or, conversely, de-emphasize it, relabel the symptom, or change its affect. Manipulating affect, a sixth technique, can also be an important restructuring tool. Finally, support, education, and guidance may be used to teach family members how, for example, to confirm and support one another, how to individuate and yet maintain some closeness, or how to separate parent and child roles.

As Minuchin (1974) points out, these therapeutic probes and interventions may be rejected or dismissed by the family, in which case no change occurs. Or the family may respond by assimilating the therapist's input which helps the family learn or gain insight, but not necessarily to change. If the family accommodates itself to the interventions, its transactional patterns are expanded and alternative patterns are activated. A truly restructuring intervention, on the other hand, will bring increased stress to the family as the family system is opened up to allow transformation and growth to occur. The family will

be restructured or changed if the family members' perceptions of reality are challenged by the intervention and if they are given alternative possibilities that make sense to them (Minuchin, 1974). Once they have accepted the challenge to try out an alternative pattern of behavior, new relationships and structures will begin to appear and the family system will have changed. The new structure no longer requires the symptomatic behavior or rigid conformity to old patterns and the family system is more ready to face the new challenges, at least for a time.

## Human Communications and Change

### Double Bind Theory

Watzlawick's ideas about the interactional patterns, pathologies, and paradoxes of human communications, and the therapeutic language of change were influenced by the work of Gregory Bateson and his team of researchers who studied patterns of communication, particularly in families with a schizophrenic member (Bateson, Jackson, Haley, & Weakland, 1956). Bateson et al. (1956) introduced the Double Bind Theory, which is an attempt to explain what schizophrenia is, and how it develops in an individual in the context of the family, as opposed to hypotheses that view schizophrenia as an intrapsychic disturbance of the individual alone.

According to Double Bind Theory (Bateson, et al., 1956), the development of schizophrenic behavior occurs in a specific context, such as the father-mother-child triad in a family in which two or more

persons are involved in an intense relationship, important for the physical and/or psychological well being of its members. A double bind is described as a message which asserts something, but, at the same time, also asserts its opposite (Goldenberg & Goldenberg, 1980). In other words, two mutually exclusive messages are combined into a single message such that the person receiving this paradoxical communication must respond to it, but at the same time, is prevented from responding. Furthermore, in such families, the recipient, usually a child, is repeatedly exposed to such double bind messages and is prevented from expressing his or her confusion by being made to feel guilty, wrong, bad, or crazy for suggesting that there is a contradiction in the message (Bateson, et al., 1956). Thus, the person comes to doubt his or her own senses and awareness and, as a result, begins to escape the confusion, hurt, or punishment by responding with equally incongruent messages and loses the ability to make sense of his or her own, as well as other's communications. At this point, he or she begins to manifest schizophrenic behavior (Bateson, et al., 1956).

The Double Bind Theory (Bateson et al., 1956) is therefore a theory about pathological communications and about the relationship between communication and behavior. Watzlawick and his colleagues at the Mental Research Institute in Palo Alto, California, generalized and expanded these ideas and developed a theory of the Pragmatics of Human Communications (Watzlawick, Beavin, & Jackson, 1967), which attempts to explain how communication affects behavior. Out of this

theory, and a study of successful psychotherapy, Watzlawick and his colleagues advanced hypotheses about the nature of the language of change from which a careful delineation of the communicational techniques of therapy developed (Watzlawick, Weakland, & Fisch, 1974; Watzlawick, 1976, 1978). It is important to note as well that Watzlawick is influenced by General Systems Theory (von Bertalanffy, 1968a) as he refers to human interaction as

> a communication system, characterized by the properties of general systems: time as a variable, system-subsystem relations, wholeness, feedback, and equifinality. Ongoing interactional systems are seen as the natural focus for study of the long-term pragmatic impact of communicational phenomena. Limitation in general and the development of family rules in particular lead to a definition and illustration of the family as a rule-governed system (Watzlawick, Beavin, & Jackson, 1967, p. 148).

The Pragmatics of Human Communication: Communication and Behavior

Watzlawick, Beavin, and Jackson (1967) present five axioms of human communication. In the first place they argue that all behavior is communication and therefore it follows that "one cannot not communicate" (p. 49). Secondly, communication is characterized as having both a report, or informational, or "content" component, and a command, or behavior imposing, or "relationship" component. Thus, all communication is of two types and it is the relationship level of communica-

tion (which Watzlawick also refers to as "metacommunication"), that determines whether or not the communication between two persons will be successful or will create confusions, impasses, or paradoxes (Watzlawick, et al., 1967).

The third axiom of communication according to Watzlawick et al. (1967) refers to the punctuation of the communicational sequences; the way the participants organize the series of messages exchanged between them. When they organize, or punctuate these events differently, they may both feel helpless because each will accuse the other of causing the confusion or the impasse.

Fourthly, human communication carries both digital and analogic components (Watzlawick et al., 1967). Digital communication refers to the highly complex, syntactical, verbal messages sent by a speaker whereas analogical communication refers to the semantic, non-verbal messages sent by means of gestures, facial expressions, voice tone, and the like. In clear communications, the digital and analogical components are congruent (Watzlawick et al., 1967).

Finally, "all communicational interchanges are either symmetrical or complementary depending on whether they are based on equality or difference" (Watzlawick et al., 1967, p. 70). In symmetrical interactions, the communicants tend to mirror each other's behavior, maximizing equality, whereas in complementary interactions, the partner's behaviors tend to maximize their differences in such a way that one is said to be in the "one-up" position, while the other

assumes, at least temporarily, the complementary "one-down" position.

Each of these five axioms of communication illustrates the reciprocal nature of communication. One person's message invites a response which feeds back to the original speaker and so on. And each interaction occurs within a particular context and can only be understood in that context. Thus the communications system in a family, for example, is much more than the sum of all the separate, individual messages that are exchanged (Watzlawick et al., 1967).

An examination of the interactions exchanged between persons, in the light of these axioms, illustrates the potential pathologies of communication which result in pathological behaviors. The attempt not to communicate is typical of the schizophrenic, an understandable response in the light of the confusing, paradoxical messages he receives. It is also illustrated by two strangers meeting in a situation which demands close proximity while they try, unsuccessfully of course, to avoid communicating (Watzlawick, et al., 1967).

Secondly, it is at the relationship (command) level of communication that a person offers to another a definition of how he sees their relationship and of how he sees himself, relative to the other. The other person, by his response, either confirms, rejects, or disconfirms that definition, at the relationship level of his response. A response that disconfirms the first person's self-definition is the most critical in terms of pathological communication because it suggests that

the person "is not only wrong in his self-definition, but also that he does not exist" (Watzlawick, et al., 1967, p. 84).

Differences in the punctuation of the message sequences results in feelings of helplessness and resentment in both communicants, whereas errors in the translation between digital and analogical material will cause confusion because of the paradoxical nature of the incongruent messages (Watzlawick, et al., 1967).

Finally, an escalation of symmetrical transactions produces competitiveness and a rejection of the other's self while rigid complementarity results in disconfirmation of the other and is therefore the more pathological of the two (Watzlawick, et al., 1967).

Change: The Language of Therapy

Watzlawick believes that communication creates a person's reality, his world image (Watzlawick, 1976), and because each person has two languages, a language of logic, analysis, and objectivity, and another language of imagery, symbols, and metaphor, corresponding to the two brain hemispheres, left and right, respectively, it follows that a person may experience a conflict or a contradiction in his image of the world (Watzlawick, 1978). Thus it is through our language, our communicational system, that pathologies are created and, therefore, language must also be the vehicle for therapeutic change.

Watzlawick, Weakland, and Fisch (1974) present a view of change as occurring at two levels; a first order change which occurs within a system while the system itself remains unaffected, and a second order

change which is a change in the system itself. In the context of the family system, the family members may respond to a crisis by running through all its possible internal (first order) changes without resolving or adapting, producing a "game without end" (Watzlawick, Weakland, & Fisch, 1974, p. 22), which can turn the crisis into a serious problem. In such cases, only a second order, systemic change will bring about a resolution of the crisis.

The language of therapy must attempt to change the family's distorted or confused view of reality in order to counteract the members' attempts to change the world to fit their distorted image (Watzlawick, et al., 1974), and this requires a knowledge of <u>what</u> has to be changed. This necessitates that the therapist grasp the family's world view, and speak their language. The therapist must also understand <u>how</u> this change can be practically achieved (Watzlawick, et al., 1974). In other words, the therapist must come to understand "what is being done here and now that serves to perpetuate the problem, and what can be done here and now to effect a change" (Watzlawick, et al., 1974, p. 86).

Watzlawick's method of therapy is characterized by three approaches which he labels the use of the right hemispheric language patterns, blocking the left hemisphere, and specific behavior prescriptions (Watzlawick, 1978).

Right hemispheric language patterns are the sometimes wierd, unexpected, uncommonsensical, and puzzling language of condensations, dreams, similes and metaphors, aphorisms, ambiguities, puns, and

allusions which may be used to change the person's world image (Watzlawick, 1978).

Blocking the left hemisphere is accomplished by paradoxical language, symptom prescription, symptom displacement, creating the illusion of alternatives, and by the gentle and yet powerful technique of reframing, again, intended to change the person's reality through communication and thereby to effect a change in the person's behavior (Watzlawick, 1978).

The third approach to therapy which Watzlawick (1978) calls behavior prescription, has

> the potential of conveying to somebody the immediate experience and realization of certain reality aspects that could not be communicated by mere digital, analytical, verbal descriptions or explanations (Watzlawick, 1978, p. 131).

These behavior prescriptions may be simple, direct, or highly complex combinations of therapeutic double binds, reframings, and illusions of alternatives (Watzlawick, 1978).

In Watzlawick's view of psychotherapy, whether a particular behavior is conscious or unconscious, determined or motivated by past events or causes, is of little importance. The effect, not the cause of the behavior, as observed in the interactions of the communicants, here and now, is the criterion of prime significance. Since communication is behavior and because one cannot not communicate (Watzlawick, Beavin, & Jackson, 1967), pathological or symptomatic behavior is

viewed as one kind of communicational input in the family system which is serving an important system function, and represents the culmination of the family's many, first order attempts to change. But because the symptom maintains rather than changes the system, the required change does not occur. The patterning of family communications can be identified in ways that are diagnostically important in order to permit the most important strategy of therapeutic intervention (Watzlawick, Beavin, & Jackson, 1967).

## Juvenile Delinquency and the Family System

### Perspectives on Delinquents and Delinquency

It is generally agreed that juvenile delinquency refers to asocial and antisocial acts of adolescents and youth (Hardy & Cull, 1974). Although this definition is a very general one, it is difficult to provide a more specific operational definition because there is very little agreement about the characteristics which delinquent youth have in common or about exactly what behaviors constitute delinquency due to the often contradictory results of many research studies.

For example, recent studies which attempted to distinguish the youthful offender from non-delinquent youth on the basis of self esteem, among other variables, have been inconclusive (Eckerle, 1976; Fischer & Bersani, 1979; Parish & Taylor, 1979; Rosenberg & Rosenberg, 1978). Kaplan (1978) hypothesized that delinquents develop self rejecting attitudes and deviant behaviors as a result of their continual exposure to and experience of negative evaluations by valued others, such as parents.

This suggests then that both delinquent behavior and low self esteem are products of such an environment, an hypothesis supported by Rosenberg and Rosenberg (1978), who found a correlation between low self concept and delinquency. Eckerle (1976), however, did not find such a correlation. Other studies (Fischer & Bersani, 1979; Parish & Taylor, 1979) suggest that the self esteem of youth is more significantly related to family change, which also corresponds, in many cases to the onset of delinquent behaviors. Parish and Taylor (1979) found a correlation between low self esteem in adolescents and the removal of a family member through divorce, and Fischer and Bersani (1979) similarly found that the youthful offender's family relationship is an important variable in correlating self esteem and delinquency.

Studies which have attempted to distinguish between delinquents and non-delinquents on the basis of intelligence scores obtained by standardized intelligence tests (Anderson & Stoffer, 1979; Anolik, 1979), have been similarly inconclusive, and Hecht and Janovic (1978) found a significant verbal I.Q. performance-I.Q. discrepancy only in one group of delinquents which they labelled psychopathic delinquents.

Socioeconomic status of the delinquent's family has proven to be an equally unreliable criterion for characterizing the juvenile delinquent (Levine & Kozak, 1979; Mitchell & Dodder, 1980).

However, studies which have focused on specific groups of delinquents such as school truants (Neilson & Gerber, 1979) or prostitutes (Brown, 1979), indicate that family stress and family changes such as

parental withdrawal through separation and divorce, family moves, unemployment, serious illness in the family, parental discord, and parental abuse, are characteristics common to most of these youthful offenders. While some studies have also emphasized the important influence of a delinquent peer group (Berndt, 1979; Mitchell & Dodder, 1980), many researchers suggested that the parent and/or family relationship is important in distinguishing delinquent youth from their non-delinquent peers. For example, a study of non-delinquent adolescents (Burke & Weir, 1978) found that teenagers typically reported most of their stress in their relationships with peers, while most help came from their parents. Stone, Miranne, and Ellis (1979) suggest that parents and peers are both important reference groups for adolescents and they exert their influence in interaction. In stressing the importance of the parental relationship, Clemens and Rust (1979) suggested that parental demonstrations of a lack of confidence in their teenage children may be the stimuli for rebelliousness and acting-out behaviors which represent, in turn, the teenager's attempts to establish communications with the parents. Similarly, Mitchell (1975) and Jones (1980) argued that adolescent acting-out behaviors are, at least in part, responses to parents who fail to provide support for the basic adolescent developmental needs for experiencing a sense of significance, competence, and power within their family environments.

Delinquency and the Family System

Although it is likely that juvenile delinquency, because it is so

broadly defined, is influenced by a multiplicity of interdependent factors, it appears that the family system perspective offers an important avenue for conceptualizing and studying, as well as for treating the juvenile delinquent.

> The agitation of the adolescent surely does not exist in isolation. It is matched and paralleled by the emotional insecurity of his parents, the imbalance of the relations between them, and the turbulence and instability of family life as a whole (Ackerman, 1970, p. 81).

Jacob (1975), in reviewing a large number of direct observation studies comparing family interactions in disturbed and in normal families, suggests that these studies have not successfully isolated patterns that reliably differentiate disturbed from normal families. However, in a well-known study of the families of delinquents in low socioeconomic groups, Salvador Minuchin and his colleagues (Minuchin, 1969) identified a number of characteristic structural features of these families including a limited number of family themes, narrow and stereotyped role organization, rigid adherence to role expectations and labels for each member, and rapid shifting in emotional extremes and family boundaries, from highly rigid to enmeshed. Communications in these families were often disconnected, disruptive, and chaotic (Minuchin, 1969). Hardy and Cull (1974) also found that the parent-child relationships in delinquent families were typically at the extremes of either rejection or over-protection.

Families of runaway teenagers were found to show significant levels of reciprocal defensiveness in their communications whereas normal families demonstrated reciprocal supportiveness (Alexander, 1973), suggesting that defensive communications are homeostatic, system maintaining devices in dysfunctional families, while supportiveness helps to maintain the steady state in normal families. In a similar study, Fisher (1980) found less reciprocity in families with a disturbed (schizophrenic or acting-out) adolescent and concluded that in such families, the system is closed, prohibiting new and different experiences, but at the same time, offering little clarity about expected or acceptable behaviors because of parental disagreements about child rearing practices. The presence of such conflicting and confusing (double bind) messages was also found in the interactions of mothers of disturbed children, particularly in the lack of congruence between the verbal content of their messages and their non-verbal behaviors (Bugental, Love, Kaswan, & April, 1971). Gantham (1978) however, found that normal families produced the same number of double bind messages as the families of drug abusing and emotionally disturbed youth, but also found the normal families to be much more sensitive and decisive, and more clear and positive in their communications.

The many characteristics of the modern troubled family that may lead to adolescent deviance were summarized by Ackerman (1970). A cogent analysis of delinquency in the family system is provided by Friedman (1969).

> seen from the family systems point of view, the adolescent delinquent externalizes, rather than internalizes, the unresolved, suppressed, and unspoken parental conflicts. His acting-out serves as a release valve for unstable, unendurable family tension, and may even function as a homeostatic stabilizing procedure for the family. But at other times, his acting-out behavior takes a form that is unacceptable to his parents or to himself and thereby precipitates a family crisis (Friedman, 1969, p. 35).

Treating the Family of the Juvenile Delinquent: Outcome Studies

Methods of determining psychotherapeutic outcome and interpreting studies which attempt to measure such outcome has been a source of discussion and debate for some time (Bergin, 1971; Garfield, 1981; Glass, 1976; Horan, 1980; Julian & Kilmann, 1979). One of the more widely used measures of the outcome of psychotherapy with the families of juvenile delinquents has been the measurement of post-treatment recidivism (Alexander, Barton, Schiavo, & Parsons, 1976; Beal & Duckro, 1977; Hampshire, 1981; Klees, 1979; Klein, Alexander, & Parsons, 1977; Michaels & Green, 1979, Shostak, 1977; Wasserman, 1977; Witte, 1979).

Alexander, Barton, Schiavo, and Parsons (1976) measured recidivism rates twelve to fifteen months after a treatment program which included family therapy and behavior techniques, and found no recidivism at all among the juveniles whose families had completed the treatment

program, while those families which had terminated treatment prematurely demonstrated increased recidivism rates for their juvenile delinquent members. The goal of the treatment program used in this study is described as training the family in effective problem solving by increasing the clarity, precision, and reciprocity of communications and increasing the family's use of social reinforcement and contingency contracting emphasizing equal rights and responsibilities for all members (Alexander, Barton, Schiavo, & Parsons, 1976).

Another study (Klein, Alexander, & Parsons, 1977) compared recidivism rates for juvenile delinquents in a family therapy-behavior treatment program with those in individual, client-centered therapy, an eclectic-dynamic, church sponsored program, and a no-treatment control group, and found that only the juveniles in the family-behavior treatment program demonstrated a significant reduction in recidivism twelve to fifteen months following treatment. This study also included data on the number of court referrals for siblings of the juveniles treated in the programs as a means of determining the degree to which the family system was affected by the therapy and again, found that only the family-behavior treatment group had reduced numbers of sibling referrals following the treatment period (Klein, Alexander, & Parsons, 1977). Similar results were found by Klees (1979), using the same type of therapy program as described by Alexander, Barton, Schiavo, & Parsons (1976). Shostak (1977) similarly compared the recidivism rates for juveniles whose families were involved in a Family-

Oriented-Behavior-Therapy program, which is not adequately described, with that of juveniles treated in an individually-oriented-behavior-therapy program and with those on a waiting list, who received no treatment during the study. His results also indicate significant reductions in recidivism with the family treatment program.

Decreased recidivism rates for delinquents are also reported by Beal and Duckro (1977) and by Hampshire (1981) although the family treatment or family counselling methods employed are not described. Hampshire (1981) does report however, that an engagement program, involving home visits, phone contacts, agency interfacing to help the family deal with the court and/or school systems, and individual meetings, in addition to the family therapy program, did improve the juvenile's post-treatment recidivism rates beyond that for family therapy alone.

Studies which employed para-professional child care workers or juvenile intake workers as therapists, after a brief training program in the techniques of family therapy (Michaels & Green, 1979; Witte, 1979), also demonstrated the effectiveness of family treatment in reducing the number of court referrals for the juveniles following therapy. Conversely, Wasserman (1977) concluded that recidivism was not an appropriate measure of treatment effects because recidivism is a measure of adherence to societal regulations which may be antithetical to the actual goals of therapy.

The measurement of change in individuals and families by means

of the administration of a battery of psychological tests and other instruments before and after treatment, is another method used to determine the outcome of therapy (Hanneman, 1979; Iverson & Jurs, 1978; Sawatzky & Lloyd, 1980). Iverson and Jurs (1978), measured self worth, communications, and level of drug knowledge of both adolescent drug abusers and their parents, before and following their involvement in the Juvenile Intervention Program and found significant improvements in the parents' communications skills and drug knowledge (parental self worth was not measured) but no changes in the three variables measured for the adolescents. Hanneman (1979) found no improvement in parent-adolescent communications, interpersonal relationships, and family attitudes as a result of short term conjoint family therapy although the methods he used to measure these variables are not adequately described. Using a variety of instruments, including standardized tests as well as observational data and survey type family questionnaires, Sawatzky and Lloyd (1980) found no change in juvenile self concept and level of anxiety, but noted improvements in social adjustment and school behaviors, particularly in those adolescents whose families were committed to full participation in the therapy program.

Despite the obvious subjectivity and possibilities for misinterpretation, some researchers (Hampshire, 1981; Scovern, Buckstel, Kilmann, Laval, Busemeyer, & Smith, 1980; Weakland, Fisch, Watzlawick, & Bodin, 1974) make use of various client self report

techniques in which the family members indicate the degree to which they perceive changes to have occurred as a result of the treatment they received. Using this method, Scovern, Buckstel, Kilmann, Laval, Busemeyer, and Smith (1980) report no changes in such variables as marital adjustment, self esteem, family integration, and school adjustment in families whose mothers were involved in a seven week behavioral counselling program, in comparison to those in a lecture group control. Weakland, Fisch, Watzlawick, and Bodin (1974) however, report that forty percent of the families involved in their Brief Therapy program, from 1967 to 1974, indicated that the therapy was successful in bringing relief from the presenting complaint, thirty two percent reported significant improvement, and twenty eight percent indicated that the therapy had failied to bring the desired relief. Similarly, in a study with high risk families of juvenile delinquents (Hampshire, 1981), the families completing the family therapy program generally reported improved perceptions of the family environment, and the juveniles were subsequently involved in fewer and less serious cases of delinquent behavior.

The method of using direct observations of live, or audio or video-taped family interactions, outlined by Bugental, Love, Kaswan, and April (1971), is utilized by other researchers interested in determining the effect of psychotherapy (Alexander, Barton, Schiavo, & Parsons, 1976; Blotcky, Tittler, Friedman, & DeCarlo, 1980; Klees, 1979; Parsons & Alexander, 1973). This method requires trained

raters or clinical judges to evaluate the observed interactions according to a variety of criteria.

Using this technique, changes were found in the family's frequency and duration of simultaneous speech, silence, and verbal reciprocity as a result of family treatment (Parsons & Alexander, 1973) although the significance of these changes for the family system and the subsequent behavior of the delinquent member is not reported. Positive changes in defensive and supportive communication patterns by the family members as a result of therapy are reported by Alexander, Barton, Schiavo, and Parsons (1976) and by Klees (1979) and a reduction in the frequency of double bind messages in families with an emotionally disturbed adolescent is reported by Blotcky, Tittler, Friedman, and DeCarlo (1980).

Although Jacob (1975) argues that the method of measuring therapeutic outcome using observers as clinical judges is preferable to the use of tests, questionnaires, and self reports, Mintz (1971) suggested that clinical judges tend to be more impressed with the apparent level of adjustment reached by the client at the end of therapy than by the amount of change that has occurred. According to Mintz (1971), psychological tests indicate that although the more severely disturbed clients make more significant changes in therapy, the less disturbed clients usually end treatment at a higher level of adjustment and therefore may be judged by raters as having improved more from the therapy than the more severely disturbed clients.

Obviously, each of the methodologies described is limited in its ability to serve as a measure of psychotherapeutic outcome. While there is no consensus about the methods of preference for measuring the effect of individual psychotherapy, when one attempts to measure pathology and change in the family system, the difficulties multiply.

> as soon as one attempts to take a system-oriented approach, yet another problem--one more easily ignored in atomistic approaches--becomes clear, namely, the inverse relation between economy and relevance. What we mean by this is that the simpler, less inferential and more readily obtainable the data that a researcher may decide to cull from the fantastic richness of human interaction, the less relevant they are for his grasp of this richness.... In the face of these difficulties, researchers then tend to impose some restrictions on the complexity of the phenomena, thereby running the risk of falling back into the other extreme of manageable but perhaps irrelevant data (Watzlawick & Weakland, 1977, p. 70).

Methods of Measuring Family Interaction and Change

A variety of methodologies have been developed in an attempt to measure the "fantastic richness of human interaction" (Watzlawick & Weakland, 1977, p. 70). Such methodologies often involve assigning the family a specific task and observing and making clinical judgements about how the family performs the task (Ferriera & Winter, 1968;

Gantham, 1978; Riskin & Faunce, 1977; Scott, Ashworth, & Casson, 1970; Thomas, Walter, & O'Flaherty, 1974; Watzlawick, Beavin, Sikorski, & Mecia, 1977).

The Unrevealed Differences Technique of Ferriera and Winter (1968), used to measure changes in family decision making efficiency, requires the family members to complete a questionnaire, individually at first, and then together, in order to arrive at a family consensus. Ratings are made of the degree of spontaneous agreement, the decision time (as a measure of the efficiency of family functioning), and choice fulfillment (the number of individual choices that later became family choices).

The Family Relationships Test (Scott, Ashworth, & Casson, 1970) is an adjective checklist which the family members complete. Each of the members scores how they see themselves, others in the family, and how they feel they are seen by each of the others as a means of measuring interpersonal perceptions and the degree of agreement in person perceptions, which is used as an indication of the presence of family alliances.

Rather than requiring the family members to complete a paper and pencil task, Thomas, Walter, and O'Flaherty (1974) have designed a Verbal Problem Checklist to be completed by raters on the basis of their observations of a family which has been assigned the task of discussing a specific topic. The checklist is a content focussed instrument which analyzes the family members' vocal characteristics

of speech (over- or under-talk, fast or slow talk, etc.), referent representation (over- or under-generalizations, misrepresentation of fact, etc.), information given, behavior in relation to the content (content avoidance or shifting, detached utterances, etc.), control in directing the conversation (use of obtrusions, excessive questioning or cueing, etc.), and content of speech (quibbling, dogmatic statements, positive or negative talk, opinion, illogical talk, etc.).

Similarly, Riskin and Faunce (1977) assign a specific topic to be discussed by the family and the videotaped recording of the family discussion is subsequently evaluated by raters using the Family Interaction Scales (Riskin & Faunce, 1977). Both content and relationship levels of each of the family members' communications are rated under the headings of content clarity, topic continuity, degree of commitment expressed, agreement and disagreement, affective intensity, and the quality of the relationship, as well as measures of who speaks to whom, and who interrupts whom.

Watzlawick, Beavin, Sikorski, and Mecia (1977) describe a structured interview technique for measuring the degree of scapegoating and protection in pathological families and report that in delinquent families, the "identified patient" was significantly more accurately perceived than in families with psychosis, school underachievement, ulcerative-colitis, cystic fibrosis, marital problems, or non-specific pathology, and thus the delinquent member was neither more protected nor blamed than other family members. Conversely,

Gantham (1978), using a similar interview technique, compared families with drug abusing, emotionally disturbed, and normal adolescents and found the families with emotionally disturbed and drug abusing adolescents used significantly more scapegoating than did the normal families, and the normal families were significantly more accurate in their perceptions of each other. She also found the normal families to possess more decision making abilities than the families of the drug abusing and emotionally disturbed youth, and, although the number of double bind messages used in the families was not significantly different, the parents of the normal teenagers consulted with their adolescents more frequently and used more positive communications, than did the parents of the disturbed youth.

Because the use of a structured task to perform or topic to discuss may change the family's typical patterns of communication and behavior, assessments of family structure and transactional patterns may be more accurately performed by observing and evaluating family interactions during a therapy session or general family discussion, with or without the therapist present. Anandam and Highberger (1972) developed a methodology for reliably evaluating verbal and non-verbal communications by observing videotaped recordings of mother-child interactions. Similarly, Aston and Dobson (1972) recorded the interactions of families of "disturbed", middle" and "adjusted" children, as judged by their teachers, and measured the degree of participation of each family member and the number of pairings-participations directed

towards a specific family member. The parental factors found by Aston and Dobson (1972) to be most closely related to school disturbance were low participation scores for fathers, high participation scores for mothers, and high mother-child pairing scores.

A complex but useful methodology for evaluating symmetrical and complementary interactions in family communications is described by Sluzki and Beavin (1977) who found, in a preliminary analysis of eight couples, some indications of a possible correspondence between the type of transactions used by the parents and the psychopathology of their child; parents of psychosomatically ill children showing fixed symmetry, parents of psychotics exhibiting "fluid" (that is, mixed) communications, and parents of a neurotic group combined symmetry and asymmetrical competition.

Finally, Selvini-Palazzoli, Boscolo, Cecchin, and Prata (1978) describe a method of assessing family functioning and pathology using an interview technique, referred to as circularity, in which the family members are asked to describe their perceptions of the relationships between each of the other members of the family in order to develop hypotheses about the nature of the family's dysfunction and to design specific interventions to test these hypotheses.

The present study represents an attempt to combine the methodologies developed by a number of these researchers, specifically Selvini-Palazzoli, Boscolo, Cecchin, and Prata (1980), Watzlawick, Beavin, Sikorski, and Mecia (1977), Sluzki and Beavin (1977), Aston

and Dobson (1972), as well as to develop new methodologies based largely on the assessment techniques described by Minuchin (1974), in order to assess the interactions of one family, throughout the family's involvement in therapy. It is assumed that the analysis of several families, of necessity, increases the likelihood of reducing the phenomena under investigation to the "simpler, less inferential, and more readily obtainable data" (Watzlawick & Weakland, 1977, p. 70) which is also less relevant, and that a more in-depth analysis of a single case will provide a greater understanding of and appreciation for the complex richness of the family as a system. It is also hoped that the methodologies developed will be useful in the assessment of families presenting a wide variety of symptoms and will be a relevant as well as a relatively economical method of measuring family change as a result of therapy.

King (1975) provides a review and rationale for the single case study as a method of investigation in psychopathology and psychotherapy, a method which has been successfully used by other researchers interested in measuring family interactions and family change from a systemic point of view (Berezowsky, 1979; Hays, 1976; Lingley, 1979).

This concludes the review of the theory and related research which provide the conceptual basis and the rationale for the study of change in the transactional patterns of a delinquent family in therapy. The specific research questions to be addressed in this study are presented below.

## Specific Questions Arising From the Literature Review

The following research questions, derived from the review of the literature form the focus of the present study.

1. Can a structural, circularity interview be designed which allows the therapist (or researcher) to:
   a) question the family members' perceptions of the family relationships and degree and nature of each members' involvement in typical family interactions, and
   b) measure the amount and direction of scapegoating (blaming) and protection in the family?
2. To what extent can such a single, structured, circularity interview help the therapist form hypotheses about:
   a) the nature of the relationships between each dyad in the family,
   b) the family rules for coalition, overinvolvement - both positive and negative, conflict, and exclusion or detouring, and
   c) the function of the symptom in the family system?
3. How may such hypotheses be summarized in order to give a clear, although tentative picture of the family structure with respect to:
   a) the subsystem boundaries and
   b) the nature of the dyadic relationships between the various family members?

4. In what way can

   a) the family's transactional patterns of coalition, over-involvement (positive and negative), conflict, and exclusion or detouring,

   b) family relationships,

   c) the subsystem boundaries,

   d) the symmetry and complementarity of the members' transactions, and

   e) the degree of participation of each family member be monitored in each of the family therapy sessions in which the family participates?

5. Can the specific probes and interventions employed by the therapists during the therapy session be identified by raters from their observations of videotaped recordings of family therapy sessions?

6. How may both the immediate as well as the longer term effects of the therapeutic interventions on the family transactions and structure be measured?

7. To what extent are the above methodologies useful in

   a) the analysis of the structure and transactional patterns of the family of a juvenile delinquent, in therapy, and

   b) relating the occurrence of specific therapeutic interventions, as identified, with subsequent family system changes in the measured transactional patterns, relationships,

boundaries, symmetrical and complementary communi-

cations, and degree of member's participation?

# CHAPTER III

## METHODOLOGY

The study has two major parts; first, the development of methodologies and tools for identifying and evaluating family interaction patterns, relationships, and subsystem boundaries, as well as identifying the therapeutic interventions employed during therapy sessions and, secondly, the application of these methodologies to a family in therapy. The methodologies developed were used in order to identify changes in family structure and communications from session to session and to relate such changes to the therapeutic treatments used. The development of appropriate methodologies and tools involved both the adaptation of techniques and instruments designed by other researchers and described in the literature (Selvin-Palazzoli, Boscolo, Cecchin, & Prata, 1980; Watzlawick, Beavin, Sikorski, & Mecia, 1977; Sluzki & Beavin, 1977; Aston & Dobson, 1972), and the evolution of new techniques based on the theoretical formulations of Minuchin (1974).

The case study in which the methodologies were employed was conducted with the cooperation and direct involvement of members of the Day Program staff at Westfield, a residential treatment center for children and adolescents with behavior problems in Edmonton, Alberta, and the family of one of the adolescents participating in the Day Program.

In this chapter the development of the specific methodologies will be described, followed by a description of the application of these

techniques in the single case study. Finally, the methods used to analyze the data will be described.

## The Development of Methodologies for Assessing Aspects of Family Structural and Communicational Patterns

Five specific methodologies for assessing various aspects of family interactions were used in the study. Each of these techniques will be described under the following headings:

1. origin and adaptation for use in this study
2. purpose
3. procedures for administration or use
4. method(s) of interpretation.

### The Investigative Family Interview

Origin and adaptation. The Investigative Family Interview (I.F.I.) is a structured interview in which the researcher designed a series of six questions based on the concept of circularity (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1980), and designed a method of summarizing and scoring the family members' responses, and utilized the method of evaluating the scapegoating and protecting tendencies of a family designed by Watzlawick, Beavin, Sikorski, and Mecia (1977).

Circularity is "the capacity of the therapist to conduct his investigation on the basis of feedback from the family in response to the information he solicits about relationships and, therefore, about difference and change" (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1980, p. 8). Selvini-Palazzoli and her colleagues conduct a circularity

interview to obtain the information needed for the construction of hypotheses which "must be systemic, must therefore include all components of the family, and must furnish us with a supposition concerning the total relational functions" (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1980, p. 6). In conducting a circularity interview, the therapist asks every member of the family, in turn, to describe how he or she sees the relationship between each of the other members, in pairs. In other words, each dyadic relationship is described by a third member. Selvini-Palazzoli et al. (1980) have found this technique to be a useful method of assessing the family because it avoids the resistance the family members would undoubtedly feel in attempting to discuss their own relationships in the family.

In keeping with the methodology for the circularity interview described by Selvini-Palazzoli, Boscolo, Cecchin, and Prata (1980), the first question asked of each family member in the Investigative Family Interview is "_____, how do you see the relationship between _____ and _____?" or, alternatively, "_____, describe the way _____ and _____ get along."

Selvini-Palazzoli, Boscolo, Cecchin, and Prata (1980) also suggest that information be obtained from the family members in terms of specific interactive behaviors that occur in the family, rather than in terms of feelings or interpretations, and in terms of differences in behavior rather than attributing motives to other members. To meet these objectives, the questions "_____, which two people in the family

do the most arguing (or disagree the most)?" and "which two people argue (or disagree) the least?" and "When there is difficulty or a disagreement in the family, such as when (the typical or presenting family problem) occurs, who in the family is the most involved in trying to resolve the difficulty and how would he or she go about that?" and "who is probably the least involved in trying to resolve the problem?" were included in the Investigative Family Interview.

Also recommended for the circularity interview (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1980) is that the questioning should encourage the ranking by each of the family members of specific behaviors or interactions. To meet this objective, the following questions were included in the interview designed for this study, in addition to the two questions noted above: "_____, when _____ is upset (angry, sad, etc.), who in the family would be the most helpful to him/her?" and "_____, who in the family seems to spend the least amount of time at home?" and "who spends the next least amount of time at home? Rank your family members from the least time spent at home to the most at home (excluding time spent in school and at work)."

Finally, Selvini-Palazzoli et al. (1980) suggest that the questioning be in terms of differences in respect to hypothetical situations. The question used in the Investigative Family Interview intended to meet this objective was "_____, who in the family does most of the reprimanding, scolding, or correcting when (a typical family problem) occurs?"

In summary, the circularity interview is intended to allow the therapist to determine how each member of the family reacts to the symptom, but it does so by asking each family member how another member reacts to the symptom.

The method used to evaluate the complementary patterns of scapegoating (or blaming) and protection in the family in the Investigative Family Interview is identical to that described by Watzlawick, Beavin, Sikorski, and Mecia (1977) who designed a structured family interview technique "to elicit specific family interaction patterns for the purpose of diagnosis and the planning of the most appropriate therapeutic interventions" (Watzlawick, Beavin, Sikorski, & Mecia, 1977, p. 88).

Purpose. The purpose of the Investigative Family Interview is to determine, by means of a circularity interview and structured task, the family members' perceptions of the relationships in the family and how each member reacts to and is involved in the family symptom, in order to develop hypotheses about the family's system-maintaining rules for affiliation, coalition, positive and negative overinvolvement, exclusion, and conflict, as well as blaming and protection.

Procedures for administration. During the initial circularity interview, the family is seated in a circle with the father to the interviewer's left, then the mother to the father's left, followed in succession by the children, from the oldest to the youngest. Others, such as grandparents, etc. who live with the family, if present, are also seated

in an arrangement that seems appropriate, either following the youngest child (as in the case of a grandparent) or amongst the children, in order of age (in the case of a cousin or nephew), or with the parent (in the case of a common-law spouse). The questions are always asked of the father (if present) first, then the mother, and so on to the youngest child. All questions are asked of each family member although, in some cases, the interviewer may elect not to ask young children to comment on the father-mother relationship, for example. Very young children who are not able to understand or respond to the questions are also excluded although they should remain in the room with the family and the interviewer should be attentive to the interactions of this young child with other members.

During the interview, the interviewer may record the family members' responses, or abbreviations of them, but, because this may interfere with a good flow of information and because the interviewer will not be able to observe non-verbal behaviors when he is writing, he may choose to audio- or videotape the entire interview and make note of the family members' responses later. It is also advisable, if possible, to employ observers behind a one-way mirror who may notice family behaviors which are undetected by the interviewer.

The structured task portion of the Investigative Family Interview, which is designed to measure the family's tendency to blame and protect, is a paper and pencil task, followed by questioning. Each member receives a piece of paper, preferably a card, and a pencil,

and they are instructed to write down, without allowing others to see, or to discuss together, what they each consider to be the main fault of the family member sitting to their left, without using the person's name or other identifiers such as "he" or "she". Thus, the father writes what he considers to be the main fault of the mother, and so on until the last member, usually the youngest child, writes the main fault of the father. The interviewer informs the family that he, too, will write two faults that may apply to anyone in the family. The faults he writes on two separate cards are "too good" and "too weak" or some variations of these faults. The family members must add their names to the bottom of the card on which they wrote and then the interviewer collects and shuffles the cards.

The faults written on the cards are then read aloud, always beginning with the cards which read "too good" and "too weak" and, for each fault read, each family member is asked to name the one member he or she believes the fault most applies to. The interviewer also requests the members to be discreet when the fault they wrote is read aloud so that no clues are given as to whom the fault belongs. After explaining the procedure to the family, and answering any questions they may have about the procedure, the reading of the faults and the questioning begins.

Method of interpretation. Question number one of the interview is the only question whose responses must be scored using somewhat subjective criteria. A detailed procedure for scoring the responses,

along with examples, is provided in Appendix A. The responses, either abbreviated and recorded during the interview or recorded from the post-interview replaying of the video (or audio) tape, are scored as being indicative of a coalition, positive overinvolvement, affiliation, exclusion, negative overinvolvement, or conflict type of relationship between the two persons named and the appropriate symbol, borrowed from Minuchin (1974) is used.

Question number two is aimed at obtaining each member's assessment of the principle participants in family conflict and which dyad is least in conflict, or conversely, most affiliative. The members named as being most in conflict also receive a negative role attribution by the person who names them while those indicated as being least in conflict receive a positive role attribution.

Similarly, question three allows the members to indicate the affiliative relationship of being helpful or supportive, a positive role attribution. Question four provides an indication of the family members' degree of involvement in family activities and, as such, is suggestive of the degree of individuation of the adolescent members and the comparative degree of involvement of the parents. No role attribution is implied in the responses to question four because at different ages and in different circumstances, spending more or less time at home may well have very different meanings. For example, a sixteen year old daughter who is described as being home the least, may be engaging in the normal process of individuation or, she may also be running away

from the family tension. Conversely, if she is described as being home the most, she may be performing a necessary babysitting service for her working parents or, she may be overinvolved in the parental subsystem. Thus, interpretation of the responses given to question four must include a consideration of other family characteristics.

Question five part (a) provides an indication of the degree to which some family members respond to the symptomatic behavior of the identified patient in the family by attempting to resolve the problem. Since this role would tend to bring the identified patient and the person(s) named as being helpful, together around the issue of the symptomatic behavior, this may be indicative of a coalition or a positive overinvolvement type of relationship, particularly in view of the response given to the question "and how would he/she go about that?." The responses given to part (b) of question five indicates how some family members may respond to the symptom by withdrawing or excluding themselves from the family member(s) involved, but no inference of pathology or health is necessarily implied since non-involvement in the symptomatic behavior may be a defence or denial and, as such, an attempt to not communicate, or, conversely, it may be a refusal to be pulled into the family's pathology. Thus, again, interpretation must include a consideration of other family characteristics.

Finally, question six provides an indication of the negative overinvolvement in particular dyads and thus attempts to uncover yet another possible reaction of certain family members to the symptom.

It also invites another negative role attribution response.

The scoring sheet for the Investigative Family Interview (see Appendix A) provides a method for summarizing and combining the responses given to the various questions in order to derive a relationship score for each family dyad as well as negative and positive role attribution scores, exclusion, blame, and protection scores for each member. The dyadic relationship score is obtained by placing the letter representing the member who described a relationship under the title for the type of relationship he described. In other words, if Bill was asked to comment on the relationship between his parents, and he described their relationship as one of conflict, then the letter "B" (for Bill) is placed in the first space of the F-M row under the column marked -//- Conflict. If, however, Susan described the parental relationship in more affiliative terms, then an "S" is placed in the F-M row under the = Affiliation heading. In the same way the letters used to represent the respondents to questions 2, 3, 5, and 6 are placed in the appropriate rows and columns. Since question two relates to relationships in conflict and in affiliation the two persons named by the respondent in each case would indicate the row under the conflict and affiliation columns in which to place the appropriate letter. For example, if the father (F) indicates that, in his view, most of the arguing occurs between his wife (M) and Bill, the oldest sibling (S1), then an "F" is placed in the M-S1 row under Conflict. If father then says that Bill (S1) and Susan (S2) do the least arguing, an "F" is placed

in the Affiliation column in the row marked S1-S2. This is done for each response given to question two.

Similarly, the letters indicating the respondents to question three are placed in the appropriate row of the Affiliation column. Question five respondents are indicated in the various rows of the Positive Overinvolvement column, or, if deemed more correct from the responses given to the question "and how would he/she go about that?", under the column marked Coalition, and in the Exclusion column for the responses given to part (b) of question five. Finally, the respondents are indicated under the Negative Overinvolvement column for the answers given to question six.

To obtain the cumulative dyadic relationship score, a score which is a compilation of the various assessments of each dyad, each relationship type is given a value corresponding approximately to the positive or negative direction of the relationship as experienced by the members involved in the dyad. Thus, a coalition, being a close and possibly enmeshed relationship between the two participants, albeit at the expense of a third member, is given a value of +3. Conversely, a relationship described as being in conflict is scored -3 because of the negativity and the degree of distancing such a relationship creates between the participants. The scores are thus somewhat arbitrary but attempt to reflect both the direction and the degree of closeness versus distancing of the relationship. The score values assigned to the relationship types are as follows:

| | | | |
|---|---|---|---|
| —//—Conflict | -3 | = Affiliation | +1 |
| ⁻≡ Negative Overinvolvement | -2 | ⁺≡ Positive Overinvolvement | +2 |
| )( Exclusion | -1 | } Coalition | +3 |

To calculate the cumulative score for each dyadic relationship the number of letters in each relationship column is multiplied by the score value assigned to that relationship and the total score then determined by summing the separate relationship scores. For example, the F-M relationship may be scored as shown below:

| Rel'p. | Conflict (-3) | Neg. over. (-2) | Excl. (-1) | Affil. (+1) | Pos. over. (+2) | Coal. (+3) | Score |
|---|---|---|---|---|---|---|---|
| F-M | BB (-6) | | F (-1) | SSM (+3) | M (+2) | | -2 |

Question four which deals with non-involvement in or exclusion from family activities, because of the many possibilities for interpretation, is scored separately yielding an 'exclusion score' which is simply an indication of who in the family is least often at home. The hypotheses derived from this score would depend on the person(s) named and on other factors relevant to his or her (their) involvement in the family's symptomatology. Thus, the hypothetical explanation given when an individuating fifteen year old receives the highest exclusion score would be different from that used to explain the significance of the mother receiving the highest exclusion score. In the case of the fifteen year old, such exclusion may well signify a normal developmental process of leaving home whereas the exclusion of the mother may be suggestive of her contribution to the family pathology.

To obtain the exclusion score, the person named as being least often at home receives a score of 2 in each case, the next least at home receives an exclusion score of 1 in each instance. The exclusion score for each member then, is the sum of the scores so obtained. Thus, if Bill is named as being least at home by father and Susan and the next least (after father) by his mother and by himself, he receives a total exclusion score of 6 (2+2+1+1).

The positive and negative attribution scores are obtained by summing the number of times each member's name was mentioned by another family member in a positive way, in responding to questions 2(b), 3, and 5(a) for the positive attribution score, and the number of negative role attributions for each member in the responses given to questions 2(a), 5(b), and 6.

Finally, blame and protection scores are obtained from the responses given to the question "Who does this fault belong to?" following the completion of the structured task. The scoring procedures are explained by Watzlawick, Beavin, Sikorski, and Mecia (1977). The protection score for each member is the number of times a person's fault is attributed to another member of the family. In other words, if father's fault (according to the youngest member of the family) is read and two family members indicate that the fault belongs to father while three other members name someone other than father, then father's protection score is 3. Conversely, the blame score indicates the number of times a member is named when the fault attributed to other

members is read. An indication of the degree of agreement of the family members with respect to the various faults attributed by each member is also obtained.

It is important to note that each of the scores obtained by the methods described above is a relative score and is used for comparative purposes only. A given dyadic relationship score, exclusion, blame, or negative role attribution score does not indicate pathology or health, but is useful in making comparisons between the various dyads and roles of individuals in the family for the purpose of arriving at some tentative hypotheses about the family structure and the rules which relate to the family's dysfunctional, symptom maintaining patterns. To this end--the development of tentative hypotheses about the family system--a Summary Report Form was designed (see Appendix A).

Using the scores obtained, the contents of the responses given, and a general, clinical overview of the family structure based on the interviewer's observations of the family during the interview, the interviewer may use the report form to summarize his assessment of family relationships, the coalitions, affiliations, the members in conflict, as well as the reactions of the various members to the symptom, whether by exclusion (avoidance or denial), attempting to resolve the family problems, becoming overinvolved positively or negatively, with the identified patient, or by scapegoating one member and protecting others. A graph is also provided for visually comparing

the blame and protection scores. Following the interviewer's assessment, a tentative family map may be drawn (Minuchin, 1974) in an attempt to demonstrate visually the nature of the various dyadic relationships, the possible triangulations, conflicts, affiliations, and exclusions. Such a map may also be useful in developing tentative goals for therapy although it must be stressed that the map represents a tentative hypothesis which must be tested and either rejected or modified as the therapy progresses.

The Observer Checklist

Origin and adaptation. The checklist, designed by the researcher, is intended to serve as an aid to a clinical judge or rater in recording his observations of family interactions during a videotaped (or live) family therapy session. The interactions are classified by the rater according to the interaction types, with their corresponding symbols, described by Minuchin (1974) as illustrating either coalition ( } ), over-involvement - positive or negative ( ≡ ), detouring or exclusion ( )( ), and conflict (-//-). According to Minuchin (1974), the identification of such interaction patterns allows the therapist to gain an understanding of the structure of the family system. "A family is a system that operates through transactional patterns. Repeated transactions establish patterns of how, when, and to whom to relate, and these patterns underpin the system" (Minuchin, 1974, p. 51). The task of the rater using the Observer Checklist is to record the interactions of the family members in order to, later, assess the patterns of these

interactions and thereby to assess the family system.

Minuchin (1974) also distinguishes between subsystem boundaries that are enmeshed or diffuse and those which are disengaged or rigid as opposed to being clear. Assessing the subsystem boundary is an important step in the determination of the structure of the family system. "The clarity of boundaries within a family is a useful parameter for the evaluation of family functioning" (Minuchin, 1974, p. 54). The Observer Checklist requires the rater to assess the family boundary along the continuum from disengaged to enmeshed according to Minuchin's (1974) description of disengaged, clear, and enmeshed boundaries.

Purpose. The objective of the Observer Checklist is to assist the observer in evaluating family structure. Specifically, the checklist is intended to aid the observer in:

1. monitoring the family members' and therapist's transactions during the therapy session with respect to the occurrence of coalitions, positive overinvolvements, exclusions, negative overinvolvements, and conflicts,

2. providing a symbolic method of representing the rater's view of each dyadic relationship in the family, and

3. summarizing the rater's assessment of the clarity of the parental-sibling subsystem boundary.

Procedures for use. The rater records, first of all, the seating arrangement of the family members at the start of the session. Any

significant, voluntary (that is, not directed by the therapist) changes made in seating during the session are also to be recorded as a possible indication of the family members' responses to stress or change in the family interaction patterns as a result of the therapy.

Secondly, the rater records instances of the various transaction types and the members involved in the transactions as they occur. The observer records both verbal and non-verbal transactions as defined and clarified by examples given on the checklist (see Appendix A). A coalition is recorded when one person (A) defends or protects another (B) from the accusation or criticism of a third person (C), when A changes the meaning or the severity of the criticism, or when A and B exchange 'knowing' glances or smiles, or when reassuring contact is made by touch, when C is speaking critically about A or B.

A transaction is recorded as a positive overinvolvement when, for example, persons A and B are engaged in a discussion or some activity such as playing together, looking at and gesturing to each other in a friendly way which excludes them from the on-going discussion of the rest of the family members.

Exclusion, or the avoidance of or prevention from involvement, occurs when person A talks to another (B) about a third person (C) without speaking directly to C, or when A attempts to avoid responding to another who is speaking directly to him, as well as when one member abruptly and inappropriately changes the topic of discussion in order to cause other members to drop their discussion. Minuchin (1974) uses

the term "detouring" to refer to the latter case whereas the term "exclusion" is considered a somewhat broader term including, besides detouring or inappropriate topic change, other methods of avoiding involvement in order to prevent the escalation of family stress.

A reprimand, criticism, or scolding, or a gesture or other behavior which is intended to prevent another member from speaking or otherwise behaving in a certain way, if the recipient of the reprimand or gesture acquiesces or obeys, is recorded as negative overinvolvement. However, if the recipient responds by defiance, defence or, in some way, retaliates and counters the reprimand etc., the transaction is recorded as a conflict.

Although affiliation is certainly a very important transaction in families, it is considerably more difficult to distinguish as a separate transaction. Affiliation may in fact be viewed as all those transactions which are neither coalitions, overinvolvements, exclusions, nor conflicts, but are, rather, the more normal give and take, congenial, and friendly transactions that may take many different forms. Because of the vagueness of definition as well as the assumed frequency of their occurrence, affiliation transactions are not recorded on the Observer Checklist.

When the observer has viewed the entire session and recorded the occurrences of the various transaction types, he is required to provide an overall, subjective assessment of the nature of each of the dyadic relationships in the family, as well as the degree of clarity of

the parent-child subsystem boundary on the basis of his observation of the family in the therapy session. The dyadic relationships are summarized using Minuchin's (1974) symbols as well as by brief comments written by the rater. The boundary is scored by placing an 'X' on the appropriate location of a continuum from disengaged (score of 0) to enmeshed (score of 10). A clear boundary receives a score of 5. Using Minuchin's (1974) descriptions, a clear boundary is defined as one in which the members of both the parent and child (sibling) subsystems are allowed to function without undue interference, but close, intimate contact is also permitted. An enmeshed boundary is very diffuse and the interactions between the parent(s) and siblings show no clear distinction of parental and child roles, while conversely, a disengaged boundary is indicated by a rigid separation between parents and children. The interactions are cold, controlled, and distant.

Method of interpretation. The Observer Checklist provides an indication of the number of coalition, overinvolvements, exclusion, and conflict transactions which were observed in the session. From these data, a transaction score for the session may be calculated. Using the same score values as were arbitrarily assigned in the analysis of the responses given during the Investigative Family Interview, a coalition is scored +3, positive overinvolvement +2, exclusion -1, negative overinvolvement -2, and conflict transactions are scored -3. The sign indicates whether the transaction tends to bring the participants closer together (+) in terms of their dyadic relationship, or to move them

farther apart (-) in relationship and the magnitude of the score indicates the comparative intensity of the affect of the transaction. Thus, for example, conflict is scored -3 whereas negative overinvolvement is scored -2 because, unlike conflict, the recipient of the negative interaction does not retaliate.

The session transaction score, a very crude indicator of the general nature of the family's transactional processes during the session, and potentially useful only as a means of comparing one session with another, may be obtained by summing the products of the number of recorded instances of each of the transaction types and the value assigned to each transaction as shown in the hypothetical example below.

| Session number | -//- (-3) | ≡ (-2) | )( (-1) | +≡ (+2) | } (+3) | transaction score | total no. of transactions | Ratio | Session classification |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 3 | 6 | 0 | 1 | 4 | -8 | 14 | -.57 | mixed |
| 2 | 1 | 2 | 0 | 1 | 0 | -5 | 4 | -1.25 | (insufficient data) |
| 3 | 7 | 3 | 5 | 0 | 2 | -26 | 17 | -1.53 | conflict & exclusion |
| 4 | 2 | 8 | 4 | 3 | 6 | -2 | 23 | -.09 | mixed |
| 5 | 0 | 0 | 17 | 5 | 6 | +11 | 28 | +.40 | exclusion & coalition |

It is important, in interpreting the transaction score, to record the total number of transactions from which the score was obtained, which indicates the extent to which the family illustrated various scoreable transactional patterns as opposed to engaging in more affiliative

transactions during the session. In the example above, while the transaction scores for sessions 1, 2, and 4 are not markedly different, the number and kind of transactions on which the scores are based are quite different and would therefore be interpreted differently. Calculating the transaction score:number of transactions ratio is a means of overcoming the problem of misinterpreting the transaction scores.

From the transaction score and an overview of the number and types of transactions observed during the therapy session, the therapist may classify the family patterns typified by the family during the session. For example, one session may be characterized primarily by conflict and exclusion as is session three in the example above, or by exclusion and coalition as is the case for session five. Other classifications may also apply to the session to indicate the predominant or most frequently occurring transactions, or the session may be 'mixed', indicating that a variety of transactional patterns were observed.

The interpretation of the meaning of the session classification is, of course, dependent on many factors such as the particular family members which are most involved in the various types of transactions and the sequence in which they occur. For example, if, in session four in the example cited above, it is noted that the mother and daughter are involved in all of the conflicts and negative overinvolvements while the father and son participate in the positive overinvolvements and coalitions, the analysis of the family rules will be very different than if the family members are relatively equally represented in all types

of transactions.

Because the Observer Checklist permits the recording of the number of occurrences of, the participants in, and the direction of each type of transaction (that is, to whom the transaction was directed), but does not permit the identification of the sequences in which the transactions occur, the proximity of (or the time span between) the transactions, nor the particular behaviors which immediately precede and which follow the transactions, the checklist is of rather limited use in determining what may have triggered the transaction and what its consequences are to the family's subsequent behavior. This limitation was corrected when the tapescript summary of each session was subsequently evaluated using the Form for the Analysis of the Therapeutic Process and Family Change which is described later in this chapter.

In addition to an evaluation of the family's transactional patterns, the Observer Checklist also provides the rater's subjective assessment of the nature of each of the dyadic relationships in the family, as well as a score which represents his equally subjective assessment of the clarity of the subsystem boundaries. These, together with the transaction score, the identification of the members involved in various types of transactions, and the direction of these transactions, provide the therapist with information which may either support or be used to modify his hypotheses about the family structure and the rules which help to maintain the family's symptom, and thereby, provide a means by which the therapist may plan effective therapeutic strategies designed to

change the family patterns and rules and thus, the family system. Also, the therapist (or researcher) may wish to monitor the changes in family transactional patterns, dyadic relationships, and the clarity of the subsystem boundary as these changes occur over the course of therapy from session to session as is the case in the study of one family in therapy described later in this chapter.

The Analysis of Therapeutic Interventions

Origin and adaptation. The researcher designed method used for the analysis of therapeutic interventions is also performed by a rater who observes the live or videotape recorded therapy session with the family and attempts to identify the interactions of the therapist according to the types of intervention strategies outlined by Minuchin (1974). Minuchin describes the therapeutic joining and restructuring maneuvers which he utilizes in structural family therapy (Minuchin, 1974) under six headings.

In the first place, the therapist must enter the family system by joining with the family, accepting and being accepted by the family members so that he can become "an actor in the family play" (Minuchin, 1974, p. 138). Other means of entering the family system which are focussed on a restructuring of, rather than joining, the family play include blocking transactional patterns by preventing a member from speaking or behaving in a particular, stereotyped manner, emphasizing differences between members, encouraging new transactional patterns, such as conflict, or joining in a temporary coalition with one member

against another, or by taking executive control of the family in order to give it back to the parents later on.

Secondly, Minuchin may assign specific tasks to various family members such as role-playing or enactment of family events, hypothetical or real, assigning two members to talk about a specified topic together, or to sit or stand in a specified location, or he may assign a homework task for some or all the family members.

Utilizing the symptoms, a third technique, includes focussing on the symptomatic behavior of the identified patient, or moving to a new symptom, exaggerating, de-emphasizing, or relabelling the symptom.

Fourthly, Minuchin may strive to mark the boundaries in the family, either strengthening enmeshed boundaries to encourage the individuation of the family members, or, conversely, weakening rigid, disengaged boundaries to encourage closeness and interdependency.

By exaggerating, de-emphasizing, or relabelling the expressed affect, Minuchin may also attempt to manipulate the mood of the family in order to restructure the family transactional patterns.

Finally, in some situations, Minuchin offers support, education and guidance to a family by teaching communication skills, parenting methods, or by offering advice regarding financial, community, school, or various support services. Each of these categories of therapeutic interventions are included as guidelines for the rater in his analysis of the therapeutic interventions which he observes during the family therapy session.

Purpose. The purpose of the analysis of therapeutic interventions is to identify the major intervention strategies which the therapist uses and to summarize the family's general, immediate response to the interventions with a view to determining the relationship between the major intervention strategies and the occurrence of change in the family system over time.

Procedures for use. The rater is instructed to carefully observe the therapist's interactions, to briefly describe the probes and interventions used, and to summarize the family's immediate response by recording which member(s) responded or reacted to the intervention and what the nature of that response was without necessarily recording the actual words used. The rater must observe and summarize both verbal and non-verbal responses, although the non-verbal responses may be very difficult to observe from a videotaped recording. The therapist's interactions which are simple requests for clarification or elaboration, such as "I'm not sure I understand, could you tell me more?" or "When did that happen?", are ignored, as are those which are simple verbal or non-verbal cues to indicate understanding etc. such as "Uh-huh", "I see", and so on. In other words, only those interactions that appear, in the subjective evaluation of the rater, to be intended as joining or restructuring maneuvers are to be recorded. Following the observation of the session, the recorded interventions are classified according to Minuchin's (1974) typology.

Methods of interpretation. The analysis of the therapeutic inter-

ventions provides an indication of the kinds and the frequency of occurrence of the various therapeutic probes and restructuring maneuvers which the therapist employed during the session. From this, the rater may determine the major strategic goal of the therapist on the basis of the frequency with which he used a particular category of interventions. For example, the rater may record a single occurrence of blocking a transactional pattern when a son was interrupting his father's speech, and two occasions when the therapist relabelled the symptom by suggesting that the daughter's behavior may have been intended as a means of preventing the parents from arguing, while the remaining therapeutic intervention appeared to be directed towards the strengthening of the parental boundary. In fact, the two other interventions mentioned in the example above may well also be seen as directed toward the goal of strengthening the parental boundary. Thus, the analysis of the therapeutic interventions in such a session would indicate that strengthening enmeshed boundaries (number 4 (a) on the form used for the analysis of therapeutic interventions, see Appendix A) was the major intervention strategy used. Also, to be considered a major intervention strategy, it must be similarly identified as to type and frequency of occurrence by both raters.

In addition to the identification of the major intervention(s) used the rater must also summarize the family responses to the interventions. The rater must look for a general response such as verbal denial, rejection, silence, inappropriate topic change (avoidance), or acceptance,

agreement, confirmation, etc., as well as non-verbal responses such as shifts in body posture, either to a more relaxed or a less relaxed posture, gestures, facial expressions and other behaviors which may signify a change in affect or mood. From these observed behaviors, verbal and non-verbal, the rater assesses the family's immediate response to the therapeutic maneuvers.

The Analysis of Symmetrical and Complementary Patterns of Communication

Origin and adaptation. The analysis of symmetry and complementarity is derived from a methodology designed by Sluzki and Beavin (1977) and described below. Sluzki and Beavin's (1977) methodology was intended to function as a means of analysing two-person interactions, whereas this study modified the methodology so that it could be used, without any significant alterations in procedure, in an analysis of the transactions exchanged between each member of a family as well as the therapist, during a family therapy session.

Purpose. The purpose of the analysis of symmetrical and complementary patterns of communication is to discover the nature of the family's communicational patterns as they interact together and with the therapist, with a view to determining:

1. the characteristic pattern of family communications, i.e. whether the family transactions are predominantly symmetrical or complementary or mixed, and

2. the degree of stereotypy of the family transactions in terms

of the rigidity of their communicational transactions, i.e. the tendency of the family members to maintain a particular pattern of interaction and their reluctance to change to a different pattern, and

3. the relation, if any, between changes in the family's communicational typology and the utilization of particular therapeutic strategies.

Procedures for use. In order to analyse the family's speeches for patterns of symmetry and complementarity a complete tapescript, or an accurate tapescript summary is prepared. The complete tapescript is a written record of each person's complete speech as the speeches occurred in the therapy session, whereas a tapescript summary is a summary of the content of each speech; a short description of what was said by each speaker in turn, and is prepared from a videotape of the therapy session. For example, if the father says "But I'm sick and tired of you always coming home late, with no explanations, no phone calls to let us know (pause) I'm just plain tired of it!", the summary might be written as follows: F complains with frustration about _____'s lateness. Similarly, if mother says "Can you please explain that to me again? I'm not sure we heard that, you know, the way you intended it.", the summary might be; M asks _____ for explanation. It is essential that the actual speech be summarized objectively and accurately, rather than describing the speaker's feelings or attributing motives which really can only be inferred from the speech content. The "how" rather than the "what" of the speeches is the important concern for

evaluating symmetry and complementarity according to Sluzki and Beavin (1977).

When the tapescript summary is prepared, the structure of the content (Sluzki & Beavin, 1977) of each speech is categorized as being either an interrogative speech (questioning, asking for something, etc.), a declarative speech (making a statement, providing information, answering a question, making a referential statement), an imperative speech (giving an instruction, order, reprimand), a negation (denying, negating another's statement), or an agreement speech (accepting, supporting another's statement etc.).

In order to classify a transaction, that is "the relation between two contiguous messages" (Sluzki & Beavin, 1977, p. 77), as being either symmetrical or complementary, the distinction between these terms must be understood. In a symmetrical transaction, the behavior of person A is followed by a similar behavior by person B, whereas in complementary transactions, person A's behavior is followed by a behavior by person B which is different, in fact, the opposite of A's behavior. Thus, if person A's speech is a referential statement (declarative) and B follows with a referential statement, then the transaction is symmetrical. If, conversely, B were to follow A's declarative stance with a question (interrogative), or a reprimand (imperative), then the transaction is referred to as complementary.

In complementary transactions, one speaker's behavior or speech presupposes as well as provides reasons for the other speaker's

behavior, and vice versa. Thus, a decision must be made by the rater as to which speaker in a complementary relationship defines the nature of the relationship, or, in other words, which speaker assumes the primary, superior, or "one up" position and, therefore, which speaker assumes the secondary, inferior, "one down" position by accepting and going along with the other's definition (Sluzki & Beavin, 1977). A number of examples of symmetrical and complementary transactions which are scored according to this method of classification are given by Sluzki and Beavin (1977).

Method of interpretation. Sluzki and Beavin (1977) provide a variety of methods for interpreting the individual speech scores assigned to the sequential speeches. In this study, the arithmetic method is used; the proportion of speeches which are symmetrical and complementary was determined. Also, each dyad in the family was compared with respect to the degree of symmetrical and complementary speeches which characterize the dyadic communications. Finally, the pattern of symmetrical and complementary speeches throughout the therapy session was examined in order to determine if the pattern changes in relation to the content and affect of the speeches, the therapeutic maneuvers utilized, and the type of interactions between the family members (conflict, coalition, overinvolvements, etc.), or if the pattern remains relatively static.

The Degree of Member Participation

Origin and adaptation. Aston and Dobson (1972) included a parti-

cipation score in their study of family interaction patterns in families of school age children who were judged as being either socially well adjusted, disturbed, or somewhere in between these extremes. The methodology outlined below is identical to that described by Aston and Dobson (1972).

Purpose. The purpose of calculating the degree of participation of each family member in the family therapy session is to determine the significance of the difference, if any, between the individual member's level of involvement and the content of the discussion and the application of specific therapeutic interventions. Also, the difference between the participations of the various members during the session may suggest important information about the family system, such as who is the family spokesman, who is largely excluded or who avoids involvement in family discussions, etc.

Procedures for use. As described by Aston and Dobson (1972), the participation score for each family member (as well as the therapist) is calculated by giving one point for each occasion in which a person speaks, regardless of the length of the speech or the number of themes put forward. If a person's speech is interrupted but he then continues on the same topic, this is scored as a single speech. Thus, the participation score represents the number of times each person makes a verbal contribution to the discussion, but does not indicate the length or the quality of the contribution.

Method of interpretation. The total number of participations

made by each person, including the therapist, is expressed as a percentage of the total number of speeches made throughout the therapy session. Also, the session is subdivided into sections or segments on the basis of the identification of a relatively major shift in the focus or content of the discussion due either to the introduction of a therapeutic intervention by the therapist or to a successful topic change made by a family member. The degree of participation of each member is then calculated for each of these session subsections and these scores are compared by means of graphic display, in order to illustrate and relate changes in an individual member's participation scores with those of the other members and to relate these changes, as well, with changes in the content of discussion. Finally, Chi Square tests of the significance of the difference between the individual participation scores are conducted in order to determine if some members are "over-involved" or "under-involved" at particular times during the session.

The Form for the Analysis of the Therapeutic Process and Family Change

As a consequence of the development and subsequent use of the Observer Checklist and the form for the analysis of the therapeutic interventions as well as the application of Sluzki and Beavin's (1977) methodology for the analysis of symmetrical and complementary transactions, and Aston and Dobson's (1972) method of comparing the participations of family members, a new form was designed which would serve the same purposes as the four methodologies mentioned but

would do so with a single form rather than with four, separate evaluations of the one therapy session. Thus, even though completing the form is a time consuming and somewhat tedious task, it can be done with greater economy of time than was the case with the four previous methodologies.

In completing the Form for the Analysis of the Therapeutic Process and Family Change the rater views the videotaped family session and completes a tapescript summary using the procedures described earlier. Secondly, each speech is classified as to its communication type (declarative, interrogative, imperative, negation, or agreement) and the method of determining the symmetrical-complementary one up and one down speech scores, described above, is employed. Next, a careful evaluation of the speeches is made to identify the coalition, overinvolvement, exclusion, and conflict transactions and the appropriate symbol and transaction score are recorded as described for the Observer Checklist. Similarly, the therapeutic interventions are identified and recorded. The participation scores can be readily obtained by counting the number of times each member's initial is used and determining the percentage of participations each member makes of the total participations for the session. A completed form which illustrates the methodology described may be found in Appendix B. The second and third pages of the form, on which the dyadic relationships and boundary scores, as well as other scores are calculated and summaries made, are completed using the same pro-

cedures described for the Observer Checklist (page 2) and the form for the analysis of the therapeutic interventions.

The Form for the Analysis of the Therapeutic Process and Family Change also improves upon the design of the Observer Checklist because, in addition to recording the number of the various types of, the participants in, and the direction of the transactional patterns, it also permits the analysis of the sequences in which the transactions occur, their proximity, and the structure of the content of the messages which precede and which follow the specific transactions. Thus, the relation between the transactions which take place between members, before and following the application of specific therapeutic interventions can also be evaluated more easily than was the case when using the Observer Checklist alone. In addition, the relation between the content of the speeches, the coalitions, conflicts, and other types of transactions, the symmetry and complementarity of the speeches, and the degree of individual member's participation can be more readily determined with one form which combines these various evaluations rather than gathering this information from four separate forms.

There is, however, one important difference in methodology when the Form for the Analysis of the Therapeutic Process and Family Change is used. Whereas the rater recorded coalitions, conflicts, over-involvements, and exclusions on the Observer Checklist, and identified on a separate form the various therapeutic maneuvers used--both based on the rater's direct observations of the videotaped session--the Form

for the Analysis of the Therapeutic Process and Family Change on the other hand requires the rater to record these transactions and to identify the interventions on the basis of the written tapescript summary. The degree of agreement between these two methodologies, one based on the direct observation of a videotape recording of the family therapy session, the other using an analysis of a written tapescript summary, will be determined statistically.

## Application of Methodologies With One Family: The Single Case Study

The methodologies described above were implemented in the study of a family of a juvenile delinquent involved in the Day Program at Westfield, a treatment center for delinquent or emotionally disturbed, acting-out adolescents and children. Westfield is an Alberta government institution operated under the Child Welfare Branch of the Department of Social Services and Community Health which provides therapeutic, educational, and behavioral treatment to adolescents in residence at the center and in satellite group homes as well as for those juveniles who are able to live at home. The latter group of adolescents is involved in the Day Programs at Westfield. Waitt (1981) has described the Day Program in considerable detail.

The families involved in the Day Program, as a routine included in the initial intake interview, are informed that the Day Program involves a research component which is briefly explained to the families and in which the families are asked to agree to participate. The

family is informed that the research is intended to provide information for the staff therapists about the families they are working with that will be helpful in planning appropriate treatment strategies, both at the school where the adolescent is attending special education classes, and in the therapy in which the family will participate. One of the parents (usually the father, if present) also signs a consent form for videotaping of the family therapy sessions. The remainder of the intake interview is spent reviewing the family history and the nature of the adolescent's symptomatic behavior and in answering questions about the Day Program which the family members may have. Detailed information on the delinquent member is also obtained from the files of the social worker(s) involved in the case which includes information on the family history, the presenting problem(s), and the previous school records of the delinquent member.

Following the intake interview, if the family has agreed to participate and if the Day Program staff agree that the family should be accepted into the program, the adolescent begins attending classes at one of the two participating schools nearby, and the family attends therapy sessions, usually once every second week. The therapy sessions are videotaped and Day Program staff members observe the therapy sessions through a one way mirror, with the family's knowledge and consent. Once a week, one or more of the family therapy sessions is observed by the psychologist who acts as consultant and advisor to the Day Program staff.

The Pilot Study

Initially, three families were selected by the Westfield Day Program staff for this study in order to administer the Investigative Family Interview and to collect videotapes of the family therapy sessions so that the various methodologies involved in the evaluation and analysis of family interaction patterns and the identification of therapeutic interventions could be used by the raters to familiarize themselves with the various procedures and to perfect their skills as observers and raters. Two raters were used in the study, both graduate students in counselling psychology in the Department of Educational Psychology at the University of Alberta, in Edmonton. After a brief training period, the raters viewed and evaluated separately each of the videotaped sessions with the three families, although one of the families ceased their involvement in the study after only one therapy session. Each videotape was evaluated at least twice by each rater--once in order to complete the Observer Checklist, and a second time to identify the therapeutic interventions.

The Single Case Study

Eventually, one of the three families which were initially studied was selected for the case study. The Investigative Family Interview had already been administered to the family, after the initial intake interview and before the first family therapy session. This, together with the information obtained in the intake interview, served as a pre-therapy method of identifying the family member's perceptions of the

family relationships, and also provided data from which various hypotheses were constructed and a tentative family map drawn in order to summarize the hypotheses about the family structure. These hypotheses were shared with the Day Program staff, including the staff therapist assigned to work with the family, so that specific therapeutic strategies, based on the hypotheses, could be identified.

Following the pre-therapy interview, therapy sessions with the family were videotape recorded and the videotapes evaluated by the raters at the University of Alberta. A total of nine family therapy sessions were scheduled between October 22, 1981 and May 14, 1982, and each session was recorded. The last session with the family, on June 4, 1982 was used to administer the Investigative Family Interview as a post-therapy means of identifying family relationships, the members' reactions to the symptomatic behavior of the delinquent member, and the family rules for coalition, overinvolvement, exclusion, and conflict, blaming and protection, with a view to identifying changes in these variables which had occurred during the approximately seven months when the family was involved in therapy.

Also, following the last therapy session in May, each of the nine videotaped therapy sessions was observed again for the purpose of preparing a tapescript summary which was used in the analysis of the symmetrical and complementary communications and in the calculation of participation scores. Because the completion of the Observer Checklists and the identification of the therapeutic interventions had proven to

be a very time consuming procedure, it was decided to perform an analysis of the prepared tapescript summaries for each session to determine if coalition, overinvolvement, exclusion, and conflict transactions could also be identified from the written summaries.

The completion of the tapescript summaries with the analysis of symmetry and complementarity and the computation of the participation scores, together with the re-evaluation of family transaction patterns, all of which were studied in relation to the occurrence of specific therapeutic maneuvers, lead to the development of the Form for the Analysis of the Therapeutic Process and Family Change, described earlier.

Analysis and Interpretation of Data Obtained from the Case Study

The information and data obtained from the application of the methodologies described earlier to the family of one of the adolescents involved in the Westfield Day Program were analysed with a view to determining to what extent changes in the family structure and transactional patterns may have occurred over the course of the seven months (and nine therapy sessions) in which the family participated in the therapy program, and to attempt to relate these changes, if any, to the application of the therapeutic interventions used by the therapist(s).

The Investigative Family Interview

The data provided by the structured interview and task which was administered both before and after the nine therapy sessions were compared to determine

1. the extent and type of change observed in the family members' perceptions of the family's dyadic relationships by comparing the derived relationship symbols and scores for each family dyad,

2. relative changes in the role attribution scores for each member,

3. relative changes in the exclusion-inclusion scores for each member,

4. relative changes in the degree of scapegoating and protection, and

5. the extent to which the overall changes in family structure are reflected by the hypothetical family maps drawn on the basis of the family members' responses to the questions and to the structured task included in the interview.

The Form for the Analysis of the Therapeutic Process and Family Change

The data and observations recorded by the raters using the Observer Checklist and the form for the analysis of the therapeutic interventions as well as the identification of transactional patterns, symmetrical and complementary communication patterns, and participation scores, as obtained from the tapescript summaries of each therapy session and recorded on the Form for the Analysis of the Therapeutic Process and Family Change were compared to determine

1. the inter-rater reliabilities for the identification of transactions, therapeutic interventions, dyadic family relationships, and the clarity of the subsystem boundaries, and

2. relative changes, from session to session, in the family's transactional patterns, dyadic relationships, boundaries, symmetrical and complementary speeches, and degree of member participation during the therapy session, with a view to determining the relation between such changes and the application of specific therapeutic interventions by the therapist(s).

Transaction scores and dyadic relationships. For each therapy session the raters will have recorded their observations of various transactions such as coalitions, conflicts, etc., as well as the participants in these transactions, both on the basis of their separate observations of the videotapes of the sessions and also, for one rater, on the basis of an analysis of the written tapescript summary. In addition to the inter-rater reliability coefficients, the percentage of agreement between the rater's identifications of the participants in each transaction were determined.

In order to compare and to determine changes in family transactional patterns in general, from one session to the next, the frequency of occurrence of each transaction type was graphed. More specific determinations of change in family patterns or rules were made by comparing the rater's assessments of each dyadic relationship, from the first session to the last, with the assessments of these dyads on the pre- and post-therapy administrations of the Investigative Family Interview. Of particular interest was the degree to which changes in the dyadic relationships, as determined by the two administrations of

the structured interview, before and after the therapy, were also demonstrated by the changes in the rater's assessments of the dyads during the therapy sessions.

Finally, the correlation between the session transaction scores and the boundary scores was determined in order to assess the degree to which the family's involvement in conflict, coalition, over-involvements, and exclusion affects their tendency to become either enmeshed or more rigid in their parent-child subsystem interactions.

Participation scores and symmetrical-complementary communications. In addition to the graphic illustration of changes in member's participation from one session to the next, and in each of the session subsections, and the determination of member 'over-involvement' or 'under-involvement', as described earlier, the relationship between the involvement of one member and that of another was assessed. This assessment was intended to determine if the 'over-involvement' of one member was related to the 'over-' or 'under-involvement' of another member, and vice versa.

Changes in the degree of symmetrical versus complementary speeches were also determined and compared graphically. Also, the relation between an individual member's participation in the session and the symmetrical-complementary nature of the speech was evaluated to determine if an increase or a decrease in one member's involvement was accompanied by a change in the speech patterns. For example, if an increase in the father's participation is typically accompanied by an

increase in symmetrical speech, this may indicate a characteristic family rule governing the father's involvement in the family system.

Identification of therapeutic interventions. Each of the analyses described above was intended to provide a means of identifying family change, in dyadic relationships, in the kinds of transactions which the family members use, in the family subsystem boundary, the symmetry and complementarity of their speech patterns, and in their individual level of participation in the various discussions which took place in the therapy sessions. In order to attempt to find the relationship, if any, between the family change(s) and the application of specific therapeutic intervention strategies, both the family's immediate responses to the intervention and the more long range changes were examined. The goal of the therapeutic intervention must be clear in order to determine if, in fact, the changes in the family structure and communication patterns which are the goal of the intervention, did occur subsequent to the application of the intervention. This was the method used in this study to determine the outcome of the therapy.

The percentage of agreement between the raters' identifications of the therapeutic interventions for each session were determined as a measure of the inter-rater reliability, and the major therapeutic interventions used in each session were identified using the procedures outlined earlier. Subsequently, the relation between the application of specific, major therapeutic maneuvers and the occurrence of change in the family interactions and/or relationships was determined by an

inspection of the data from the various sessions. Particular attention was paid to the changes in the measured variables of family structure and communications in order to determine if there were trends that were observable, or if a change in a specific family dimension which occurred in one session was a stable change or if the family dimension fluctuated from one session to another or reverted back to its original form. For example, if, in a particular session, following the application of a major intervention, the family's speech scores indicate a change to a more complementary pattern, and, as well, the incidence of conflict between the parents decreases substantially, then it becomes important to note if these changes persist or if, in the following sessions, the old patterns reappear. In this way, the relation between the therapeutic strategies and the changes in the structure of the family system, that is, the outcome of the strategies, was established.

# CHAPTER IV

## RESULTS

In this chapter, pertinent information about the family and their delinquent member in particular will be presented, although the identity of the family will, of course, be protected. Next, the results of the pre-therapy administration of the Investigative Family Interview will be described, together with the hypotheses about the family structure and its system-maintaining rules. A brief overview of the nine therapy sessions will then be offered together with a description of the major therapeutic interventions identified for each session. This will be followed by the presentation of the information obtained from each session about the family's dyadic relationships, transactional patterns, and the subsystem boundaries, the symmetry and complementarity of the members' interactions, and the degree of each member's participation, with a view to noting changes in the family's patterns of interaction. The results obtained from the post-therapy administration of the Investigative Family Interview will next be discussed and compared to the results of the pre-therapy interview in order to obtain a general indication of family change. Subsequently, the analysis of the data, on which a more detailed evaluation of family change is based, will be presented.

### The L-Family

Background information about the family was obtained from the

client family's file at Westfield. The L-family consists of four members, the father, age 39, the mother, "in her late 30's", a daughter, A, age 14, the 'identified patient', and a son, T, age 12. The parents, both of whom are employed full time, were separated two years ago after twenty years of marriage. A and T are both living with their mother in a condominium that they moved into approximately one and one half years after the parents' separation. However, Mr. L. continues to visit with his family on a regular basis and is called by Mrs. L. whenever a problem arises with the behavior of one of the children. The atmosphere in the home is described by the social worker who has been involved with the family, as being tense.

The Identified Patient

A, the fourteen year old daughter, was described as being of average intelligence, according to psychological assessments conducted at school, of good physical health, and with no known mental illnesses. Her mother indicated that, as a child, A had been happy, bright, and dependable, and made friends easily. At approximately the same time as her parents separated, however, A began to exhibit rather severe mood swings at school and at home, and her attendance and performance in school became problematic. Her principal indicated that, while A would at times be quite pleasant, at other times her angry outbursts were intimidating to her teachers, as well as to other students. Truancy also became a concern as she attended school only one or two days a week. As a result, her school performance decreased consider-

ably and she failed grade seven.

A's mood swings made it difficult to live with her at home according to Mrs. L. who also indicated that she was no longer able to control A's behavior in the home. A began associating with adolescents considerably older than herself and refused to obey the rules Mrs. L. established for her. A had been both verbally and physically abusive by yelling, screaming, and throwing things at her mother. A often argued with T as well. At times, A would leave home and would be gone for several days at a time without her mother's knowledge or consent. On the last occasion of such runaway behavior, A was gone for twelve days.

A has also indicated to her social worker that she has been sexually active for the past two years and she smoked cigarettes and used cannabis quite regularly. Occasionally, according to A, she had also used some "hard drugs", and, although she did use alcohol as well, and came to school in an inebriated condition on at least one occasion, she reported that she "got sick" after drinking alcohol.

Mrs. L. suggested that many of A's problems were due to her association with older adolescents and she believed that if A would begin associating with her own age group peers and would attend school regularly, she would be able to handle A's behavior at home. A, however, indicated that she had not been able to find any friends in the new neighborhood and school she now must attend since she and her mother and brother moved to their new home. Therefore A had refused

to attend the neighborhood school.

A became aware of the Westfield Day Program from one of her friends, and, at her own initiative, she made contact with some of the staff at Westfield to find out more about it. As a result of A's inquiries and interest, she and her family eventually came to be involved in the Day Program. She indicated that, while she does not want anything to do with her father, she would like to get along better with her mother and suggested that her mother worries about her friends needlessly. Mr. and Mrs. L. both agreed that they hoped the Westfield program would help A settle down and complete her school studies and, to help A achieve this, they too were willing to participate in the family therapy program. T, on the other hand, agreed to attend the family sessions only if A would agree to stay out of his room. A was admitted to the Westfield Day Program at St. Pius Junior High School on September 14, 1981, and the first family session was scheduled for October 8, 1981.

Long Term Therapeutic Goals

On the basis of the information about the family obtained from the social worker involved with the L-family, and from the intake interview, the Westfield Day Program staff tentatively identified two long term therapeutic goals for the family, as well as a number of goals for A's educational program.

The first goal identified was to help the parents become more consistent and effective in parenting their children. The interventions

proposed to meet this goal were to include the following:

1. active listening to encourage discussion of each parent's parenting techniques to discover similarities and differences,

2. questioning the family to determine how the family members are functioning in their present roles within the context of the family system, and

3. focussing on the symptoms presented by the family and to work towards the relief of these symptoms through the use of paradox and symptom prescription.

A second goal identified for the L-family was to evaluate the degree of enmeshment and/or disengagement in the family and to break up the apparent cross-generational coalitions. The proposed interventions whereby this goal was to be met included:

1. assigning specific tasks to the family members to allow the family to experience different relationships within the family,

2. manipulate the moods of the family by talking about unspoken feelings, to help the family experience and accept appropriate closeness and separation, and

3. reframe symptomatic behaviors to positively validate the strengths of the family and its members.

A very similar approach to therapy with families of delinquent youth is recommended by Madanes (1980).

<u>The Investigative Family Interview: Pre-therapy Administration</u>

The responses given by the family members to the first question

of the interview, which was designed to obtain the members' perceptions of each of the dyadic relationships in the family, are summarized below, together with the somewhat subjective evaluation of the responses.

The parental relationship was described by T as being "pretty good" and A indicated that she felt her parents "get along." While this is obviously very limited information about the nature of the relationship between the parents, it does suggest that both children recognize a certain amount of parental affiliation since they both chose to characterize their relationship in a mildly positive way, rather than focussing on their disagreements or conflicts. The children's responses did not suggest though, that the parents were very close. Thus, the F-M dyad was characterized as being one of some affiliation, though not strongly so; (F = M).

Some recent change was noted in the relationship between the father and A. Mrs. L. suggested that while her husband and A had largely ignored each other before, they were now beginning to talk together and were showing some understanding of each other during the past few months. T, on the other hand, indicated that, while his father and A did not fight as often as they did before, they now either argue or ignore each other. Because of the difference in how Mrs. L. and T described the relationship, it was hypothesized that the father-daughter dyad was characterized generally as shifting from one of conflict to exclusion with, occasionally perhaps, some affiliation;

(F -)(-A).

Mr. L.'s relationship with T was described by both Mrs. L. and A as one of a strong affiliation and both respondents focussed on Mr. L. and T's mutual interest in sports; (F = T).

There was some disagreement between Mr. L. and T in their perceptions of the mother - A dyad. Mr. L. described this relationship as being close, while T indicated that, although they used to fight a lot, they do get along quite well now. These responses suggest that while conflicts have occurred between Mrs. L. and A, their relationship may now be characterized as one of either strong affiliation or positive overinvolvement, or possibly one of coalition in which mother and daughter establish closeness through conflict. Their positive overinvolvement was also suggested by the frequent glances, smiles, and gestures they exchanged during the interview; (M $^{+}\equiv$ A).

The relationship between Mrs. L. and T was characterized, in general, as one of exclusion. Mr. L. suggested that T "pretty much does his own thing" apart from his mother who does not get involved with T, while A indicated that, although her mother does yell at T and he, back at her, they usually ignore each other; (M )( T).

Finally, the sibling relationship between A and T was described by both Mr. L. and Mrs. L. as one which includes "typical brother-sister arguments," as well as some sharing of activities, but, for the most part, according to the parents, "they have their own interests and leave each other alone." Thus, the sibling relationship was

typified as a relatively normal sibling affiliation, including conflict and exclusion; (A ≠ T).

In responding to the second question of the interview, both parents indicated that most of the conflict in the family occurred between A and her mother, whereas both children named their father as being most involved in family arguments. Conversely, all members agreed that the least disagreement was between father and T, again suggesting that the F-T dyad was characteristically affiliative.

The responses given to question three, which examines the family members' perceptions of affiliative, helping relationships in the family, suggested a close, mutually supportive relationship between A and her mother. Also some indication of Mrs. L.'s support for her husband was given although neither Mr. L. nor T were named as playing a supportive role in the family. This again supported the hypothesis that the M-A dyad was a particularly close one as opposed to the dyads in which father and T were involved with either mother or A.

The family members all agreed, in responding to question four, that both Mr. L. and A were least often at home, not considering the time spent at work or at school, a result not unexpected since Mr. L. was not living with his family and A was involved in a number of peer group activities outside of the home, with friends that her parents did not approve of.

Question five deals with the family members' involvement in the

family symptoms, particularly A's misbehavior, and the family members were unanimous in naming Mrs. L. as most involved in A's symptomatic behavior and, in general, T was named as being the least involved. Again the close relationship between A and her mother was indicated, although in this case it was A's misbehavior which caused Mrs. L. and A to be closely involved together.

The scoring procedures described in chapter three, when applied to the responses given by the family members to the five questions of the pre-therapy administration of the Investigative Family Interview (question six was not given due to a lack of time during the interview), yielded a cumulative dyadic relationship score for each dyad, an exclusion-inclusion score and a negative-positive role attribution score for each member, which are recorded in Table 1.

TABLE 1

PRE-THERAPY I.F.I. SCORES

| Dyads | Dyadic Rel'p. scores | Members | Exclusion-Inclusion score | +/- Role Attrib. score |
|---|---|---|---|---|
| F-M | +1 | F | 8 | +2 |
| F-A | -4.5 | M | 0 | +6 |
| F-T | +6 | | | |
| M-A | +3 | A | 6 | 0 |
| M-T | -4 | T | 6 | +3 |
| A-T | +2 | | | |

It must again be emphasized that the scores indicated in Table 1 are relative scores, useful for comparative purposes but not as an indication of family pathology or health. The scores will be compared to the scores similarly obtained from the post-therapy interview in order to determine changes in family members' perceptions of family relationships and family rules.

The structured task given the family members at the end of the interview was designed to measure the family member's complementary patterns of scapegoating and protection of individual members. The faults were attributed as follows:

- the fault attributed to father by T was "if it has problems it goes to my Mom or one of it at work. Works out its own problems." (Since this statement could be taken more as a compliment than a fault, the family members were confused. Also it is rather clear to whom the statement is attributed and was therefore omitted from the determination of blame and protection scores.)

- the fault attributed to mother by father was "does not understand stress and the problem."

- the fault attributed to A by mother was "doesn't like discipline or doing as advised to."

- the fault attributed to T by A was "a friend who always has some way of getting in trouble."

In addition to these faults, the comments "tries too hard to be good" and "is a weak person" were also read out to the family members

and in each case, the members were asked to indicate to whom the fault applied. The results are recorded in Table 2 and in Figure 1.

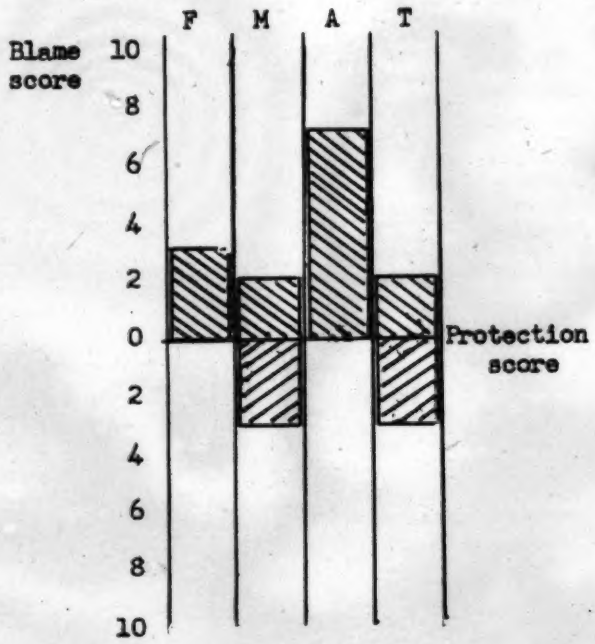
TABLE 2

PRE-THERAPY I.F.I. BLAME AND PROTECTION SCORES

| Member | Blame score | Protection score |
|---|---|---|
| F | 3 | 0 |
| M | 2 | 3 |
| A | 7 | 0 |
| T | 2 | 3 |

FIGURE 1

PRE-THERAPY I.F.I. BLAME AND PROTECTION SCORES



Only the fault attributed by Mrs. L. to A was agreed to by the three other family members. Thus, the degree of agreement of fault attribution in the L-family was 3 agreements out of the 12 responses given, or 25% agreement.

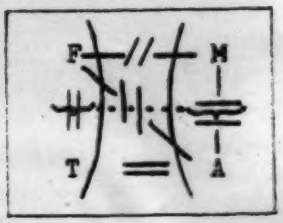
The responses given and the various scores obtained were intended to provide information useful for generating hypotheses about the family structure and family rules for the purpose of planning appropriate therapeutic strategies. An overall assessment of the responses and scores indicated that the L-family is a family with fairly strong across boundary affiliations and coalitions between Mrs. L. and A, and, to a lesser degree, between Mr. L. and T. Conflict also appeared to be most openly expressed between A and her mother although it appeared as well that A may stimulate conflict with her mother by staying out late, coming home drunk, or missing school etc., as a means of keeping her father involved in the family. In this respect, A appeared to be triangulated with her parents, and A's symptomatic behavior appeared to be the means whereby Mr. and Mrs. L. maintained contact as parents without really dealing with their own relationship as a couple. T was largely excluded from family conflicts and thus was not involved in the parental subsystem other than in an affiliative way, particularly with his father. He appeared to be less close to his mother perhaps because of her positive over-involvement with A. A appeared to be the family scapegoat, receiving 50% of the fault attributions and, while Mrs. L. was the family member

most involved in A's symptomatic behavior, Mr. L. was involved as well, again suggesting the significance of A's behavior as a means of maintaining family homeostatsis and preventing change, particularly in the relationship between Mr. and Mrs. L. as a couple, whether that change be a further separation leading eventually, to divorce, or, conversely, a reconciliation allowing Mr. L. to live with his family again.

The hypothetical family structure described above was summarized in the tentative family map shown in Figure 2.

FIGURE 2

TENTATIVE FAMILY MAP BASED ON PRE-THERAPY I.F.I. RESULTS




KEY:
= affiliation
} coalition
-//- conflict
)( exclusion
. . . . enmeshed boundary

## The Nine Therapy Sessions: A Brief Overview of Content and Major Therapeutic Interventions

The raters' identifications of the therapeutic interventions used during the nine sessions were compared and the percentages of agreement for each session calculated as a measure of the inter-rater reliability. The results indicated that the percentages of agreement ranged from 23% for session one (in which only six of a total of 26

interventions were similarly identified by the two raters), to 90% in the ninth session, when nine of the ten interventions were similarly identified. The mean percentage of agreement for all nine sessions was 69%. One of the raters mistakenly assessed each of the therapist's statements in the first session rather than identifying only the "major" therapeutic interventions and this was responsible for the low percentage of agreement for that session. With the agreement percentage for session one removed from the total calculation, the mean percentage of agreement for the remaining eight sessions was 74%, which suggests that, in general, the interventions were similarly identified in all sessions by the two raters. In the discussion which follows, only those interventions which were similarly identified as being significant therapeutic maneuvers are included.

Session One (October 22, 1981)

On the evening prior to the session, A had come home very late from her friend's home and, although she had offered an explanation, Mrs. L. was obviously very angry with A. After Mr. L. had explained this situation to the therapist, Mrs. L. and A argued but were repeatedly interrupted by Mr. L. who appeared to be attempting to act as a referee, to defuse the conflict between his wife and daughter. Although Mrs. L. was angry with A, she repeatedly permitted her husband to interrupt and detour the conflict. While Mr. L. did become active at times during the interaction between Mrs. L. and A, he remained rather peripheral. He commented on, attempted to

explain and to detour the conflict, but remained largely uninvolved in the real interactions that were taking place. He appeared to be relegated to the status of an observer who was tolerated and occasionally permitted to reduce the level of tension, but was otherwise not meaningfully involved.

At one point, father attempted to help his wife by convincing A that "we all have to live by rules," a statement that seemed quite appropriate to the L-family. One of the rules for the L-family appeared to be a paradoxical one for father: father must remain involved but must also be peripheral, an observer. Another family rule may be that A must act out occasionally in order to keep father involved but, when he becomes involved, mother and daughter align together to exclude him from meaningful participation, thereby preventing a change in the family structure, and in the relationship of Mr. and Mrs. L. as a couple in particular.

During the conflict between mother and A, T remained totally uninvolved and excluded by the other family members. Later, however, the therapist attempted to align with T to allow T to act as the spokesman for the family and, in a sense, put T 'on the spot.' Each time this occurred, T was rescued by one of the other family members, usually Mr. L., by contrasting T's behavior with that of A so that again the symptomatic behavior of A was the focus of attention, rather than T. Thus, T may have revealed one of the family's general responses to stress; detour attention to A who then volunteers to carry

family's pathology by once again acting out, and thereby preventing family change.

The predominant therapeutic involvement in session one was to reframe A's symptomatic behavior positively as behavior designed to keep the parents working together. The therapist also emphasized the differences between A and T, and, later in the session, focussed on and questioned the parental plans as a couple. The attempts to reframe A's behavior were verbally rejected by Mr. L., Mrs. L., and by A as well. When the therapist focussed on the differences between A and T, all agreed and A and T proceeded to demonstrate these differences as T remained uninvolved and A began to argue with her mother again. Finally, the parents made it clear that they were not prepared, at that point in therapy, to discuss their plans as a couple and they remained somewhat enmeshed with their children, allowing A as well as T to answer questions directed at them as a couple, and being distracted by A and T's behavior. Thus, none of the therapeutic maneuvers appeared to produce a change in the family system.

Session Two (November 5, 1981)

During the week preceding session two, A had not acted out or challenged her mother's parental authority and thus all family members came to the session with relatively little energy or motivation and equally little to talk about. The therapist in this session, who was meeting with the L-family for the first time, because of the absence and reassignment of the therapist originally assigned to work with the

family, queried the members of the family quite frequently during the session. Often, Mr. L. would respond immediately to the therapist's questions and Mrs. L. would then qualify or clarify his remarks, followed either by his agreement or silence.

At the beginning of the session, Mr. L. indicated that, because of his work schedule he would prefer a change in the dates and times for future family sessions. T supported his father's request but Mrs. L. focussed on the need to change the dates because of T's school commitments rather than supporting her husband's expressed need. A then followed her mother's comment by disagreeing with and criticizing her father.

Later, on at least two occasions in the session, when Mrs. L. was questioned by the therapist about the parental relationship, A used non-verbal messages to distract her mother's attention. Mr. L. then responded for his wife to the therapist's questions but was either corrected by Mrs. L. or ignored by her. Thus, it appeared that the parents were not in agreement and A continued to involve herself in the parental relationship.

These characteristic interaction patterns between Mr. L., Mrs. L., and A appeared to demonstrate the coalition between mother and daughter against father which operated particularly when things had gone well with A. It was at these times that Mr. L. was prevented from participating meaningfully by both his wife and daughter. It was further hypothesized by the therapist and the group observing the

session behind the one-way mirror, that, because things had been going well with A, and father was therefore not called in as a parent, he was feeling left out and was tending to pull away from further, regular involvement in the family therapy sessions.

The therapeutic interventions used in session two, in addition to questioning the family members for clarification, were, in the first place, the prediction that A will act out again, to which Mrs. L. responded in agreement (perhaps because she knows that A's symptomatic behavior serves an important function in the family). The therapist also attempted to strengthen the parental boundary by questioning and complimenting the parents appropriately with respect to their parenting together. The attempts to strengthen the parental boundary were responded to initially with hesitation by both parents. Mr. L., for example, hesitantly suggested that if he were to return to live with the family, things would be different--there would have to be a lot of rules--which paradoxically makes it more difficult for him to be accepted back home because of the family's resistance to change and, on the other hand, may be a statement to his wife about her inability to parent without him. Mrs. L.'s response was also hesitation at first, and then a qualified support for her husband's insistence on more rules followed however, by an exchange of glances and 'jokes' with A, suggesting that while she may verbally support her husband, Mrs. L.'s coalition with A maintains A in her triangulated position between the parents and renders Mr. L.'s rules ineffective.

Because of the apparent tendency of Mr. L. to pull away from the family when things are going well at home, and because of the paradoxical communications between the parents, the session ended with the therapeutical and counter-paradoxical prescription of the symptom. A was told that, in order to keep her parents working together as parents, she should plan to act out once during the coming week. The initial response to this intervention was uncertainty, if not disbelief, on the part of A, and a request for clarification and some initial disapproval by both father and mother.

Session three (December 4, 1981)

During the week following the previous session, Mrs. L. had called the school which A attended and at which some members of the Day Program staff work during the day, several times and had sent messages to the school in an attempt to challenge the therapist's symptom prescription. Meanwhile, A had delighted her peers at school with the story that she had been told to get into trouble and, in response to the symptom prescription, she did so by coming home intoxicated, late one evening.

Thus, the third session opened with Mrs. L. attacking the therapist repeatedly for the "crazy idea" of telling A to act out, an idea which she claimed "no one had ever heard of before." Once again, Mr. L. attempted to defuse the conflict (as he had done in the first session) between his wife and the therapist, by using 'super-reasonable' arguments designed to attempt to defend his wife, while at the same

time, supporting the therapist. The therapist, after attempting to explain the reasoning behind the intervention, accepted Mrs. L.'s reaction and, although Mrs. L. did not back down easily, she eventually allowed Mr. L. to change the focus of attention to the mutual concern with A's problems.

Later in the session, when the therapist challenged the family members to discuss the sacrifices they claimed to be making as parents, (in contrast to A's sacrifice of misbehaving to keep the parents working together), A rescued her parents by engaging in an argument with T and thereby detouring the focus away from the unresolved marital issues. Thus, both Mr. L. and A demonstrated their ability to decrease the tension in the family by detouring and by symptomatic behavior.

Although T remained largely uninvolved in the session, the therapist did attempt to focus on his behavior and the sacrifices he makes for the family in an attempt to change the family's focus on A as the family problem, and to move T into a more involved position, closer to his mother in particular. A however, accused T and defended her mother to prevent this therapeutic change and to preserve her coalition with her mother.

Finally, the session concluded with a discussion of the parental relationship in response to the therapist's expressed confusion about their present circumstances and future plans. Mrs. L. explained their relationship clearly by stating "we're here as friends and as parents"

and she complimented and supported her husband (for the first time in the therapy sessions) for his involvement in parenting the children in spite of their marital separation. Although A did attempt to interrupt her mother's explanation by joining with her mother in coalition against Mr. L., Mrs. L. did not respond to A and the therapist supported this clarification of the parental relationship and thus attempted to strengthen the parental boundary and move A out of the enmeshed triangle with her parents.

Session four (January 7, 1982)

Prior to the fourth session, A had not created any serious family tensions and, in the mother's words, "things had gone well." However, due to Mrs. L.'s strong reaction against the symptom prescription intervention at the beginning of the previous session, and since the therapist had not yet joined with the family, having been assigned to work with the L-family after the previous therapist had left the Day Program staff, it was decided that the therapist should use this session to join with the family. The family brought no issues to the session and thus, the entire session was conducted in a conversational style.

The therapist, in attempting to join with Mrs. L. and A, discussed and explained the operation of the Westfield Day Program at their request and also discussed A's progress in her school work. When, later, the therapist began to tell the family about her own background, Mr. L. discussed his own similar work experience in an institution for mentally disturbed criminals. Both A and T appeared

interested in their father's story and occasional non-verbal messages of interest were sent by Mrs. L. to her husband as well. In particular, Mrs. L. did make some brief eye contact with Mr. L., a behavior which had not been observed in earlier sessions, and they exchanged cigarettes and matches as well. Eventually, however, Mrs. L. changed the subject to discuss, once again, A's problems by commenting on A's upcoming court appearance as a witness to the wilful damage caused by some of A's friends to the L-family home.

Later in the session, the therapist attempted to join with T by complimenting him and allowing him to share his expertise as a cross-country skier with A, also thereby allowing A to align more with T as a sibling. Eventually, though, A changed the topic by stating her boredom with the discussion with T and, once more, the topic shifted to A's misbehavior.

Thus, the primary therapeutic strategy in session four was to join with and accommodate to the family members. Mrs. L. and A together appeared to accept the therapist's joining maneuvers but the attempt to join with Mr. L., which generated interest and accommodation on the part of some other family members for him, was eventually interrupted by Mrs. L., and A similarly changed the focus of attention away from T so that the joining with father and with T appeared to be less successful and the ability of Mrs. L. and A to control the family together was demonstrated, a further indication of the mother-daughter coalition.

Session five (January 28, 1982)

After the Christmas school holiday, things had continued to go well at the L-family home according to Mrs. L. A had not created any particular concerns, nor had T, and father continued to visit his family on the weekends. Session five was a relatively short, low energy session, the family having brought no issues to discuss and the therapist's primary goal appeared to be the continuation of the joining and accommodation maneuvers initiated in the previous session. The therapist also blocked transactional patterns which were oriented towards a return to the familiar patterns of cross-generational family conflict, in order to model a more effective communication pattern with the family and, thereby, to allow the family to experience communication without conflict.

Mr. L. remained largely uninvolved, perhaps because A had not acted out during the previous week(s) and he was therefore feeling, perhaps, rather peripheral to the family. T, on the other hand, was significantly more participatory in this session than in previous meetings with the therapist although, near the end of this short session, when the therapist predicted a return to A's symptomatic behaviors, T again withdrew, or was excluded, from the discussion.

Session six (February 15, 1982)

This session too was preceded by the absence of acting out behavior on the part of A and, again, the family's energy level in the session was generally low. Although there were again no stated issues

for the family, at the beginning of the session, Mr. L. and A appeared to be in conflict. A change noted in this conflict, in comparison to previous sessions when Mr. L.'s role appeared to be that of a conflict avoider and referee, detouring and defusing conflicts between other family members, was that Mr. L. confronted A directly, reprimanding her mildly, and asserting himself as her father. And, although A did argue with and accuse her father, she was not supported nor rescued by her mother. In fact, Mrs. L. occasionally joined with and supported her husband in his conflict with and in their mutual parenting of A, although she also joined with T against Mr. L. at one point and continued to give some parental support to A as well. In general, however, Mrs. L. remained more on the sidelines during this session, becoming involved at crucial moments, usually in support of her husband.

The second half of the session was directed by the therapist to focus on the ways in which the individual members of the family expressed affection for one another, by caring for and sharing with one another. The therapeutic strategy involved here was to weaken the rigid, disengaged boundary between A and her father and also to help Mrs. L. and T move closer together while, at the same time, reinforcing the boundary between the parents and the children. Although A was not able or willing to express positive feelings for her father, she did hear her father express his affection and concern for her as well as his parental warnings to her. The parenting ability of

Mr. and Mrs. L. was affirmed by the therapist at the end of the session, again to strengthen the boundary between the parents and the children.

Session seven (March 2, 1982)

Although no acting out behaviors were reported by A's parents prior to session seven, during the session A frequently tried to 'stir things up' with either her father or mother but the therapist blocked most of these attempts by A to remain triangulated in conflict with her parents. The therapist joined with Mr. L. and with Mrs. L. in coalition against A by encouraging the parents to discuss some of their experiences as youths and the parenting methods used by their parents. A's numerous attempts to interrupt her mother in particular were ignored by Mrs. L. or were blocked by the therapist. Thus the change noted in the parental relationship in the previous session--the support shown by Mrs. L. for her husband's parenting efforts and her failure to respond to A's distractions--continued in the seventh session. On the other hand, the therapist's attempts to join with Mr. L. were less successful and A's attempts to interrupt her father were not ignored by him. This caused the relationship between Mr. L. and A to change to one of more openly expressed conflict which, of course, permitted father to demonstrate and exercise his parental role.

Later in the session, Mr. and Mrs. L. were asked to discuss the degree of involvement they felt their children should have in family decisions, an attempt by the therapist to further allow the parents to

demonstrate their shared parental role to their children, thereby strengthening the parental boundary and continuing to free A from the triangulation with her parents. Again, A's attempts to remain involved in conflict with her parents were blocked or ignored.

T, who had remained almost totally excluded from the earlier discussions, became the center of attention later in the session when he described an imaginary island on which, he fantasized, he lived alone, a fantasy which may have served as a metaphor to describe how he sees himself in the family - lonely, isolated, and, perhaps, in need of an escape. T's metaphor appeared to disturb Mr. L. somewhat, possibly because his increased involvement in parenting A has left him less available to T, and the therapist skillfully used the metaphor to allow T and father to come closer together. Mrs. L. and A remained uninvolved with T at this point.

In summary, during session seven, the therapist was very active in directing the session and a number of therapeutic maneuvers were utilized. In the first place, the therapist attempted to form an alliance with Mrs. L. against A in order to break up the mother-daughter coalition. Later, the therapist joined with both parents, excluding A and blocking A's attempts to keep her parents busy attending to her acting out behaviors, and encouraged Mr. and Mrs. L. to enact their parental role together, thus further strengthening the parental boundary. Metaphorical language was used to allow T and his father to reaffirm their relationship.

Session eight (April 16, 1982)

Because of Mr. L.'s commitment to attend a course related to his work which was offered in British Columbia, the L-family was not seen by the therapist for several weeks, although A continued to receive special educational instruction and individual supervision and counselling at St. Pius School. When the family returned for session eight, A had returned to some of her pre-therapy delinquent behaviors such as missing school, coming to school intoxicated, and staying out well beyond the curfew time imposed by her mother. As a result, the majority of the session dealt with father's, mother's, and T's concern about A's problem behavior. A was in conflict with all three family members during the session but father, in particular, no longer defused or detoured the conflicts between Mrs. L. and A. He and his wife were directly involved as parents together in challenging, confronting, and reprimanding A. T also became significantly involved in the session, usually by engaging in arguments with A and joining his parents in reprimanding her. The involvement of the therapist was initially, to allow the family conflict to develop and then, to support A, partly because she was now being attacked by all three members of her family, but also to suggest to the parents that A's return to inappropriate behaviors may be a response to her confusion and insecurity about her parent's relationship and their plans as a couple. The goal of this therapeutic strategy appeared to be to support A who may now have been displaced from her alignment with her mother and to en-

courage a further clarification of the parental relationship. The remainder of the session was devoted to offering support to the parents for clarifying their parental roles and to prepare them for the probability that they will continue to face difficulties as they attempt to further clarify and make the necessary decisions about their relationship as a couple, and to support A as a sibling and to encourage her to face her responsibilities as a student and to find appropriate peer relationships.

Session nine (May 14, 1982)

During the weeks prior to the ninth and final family therapy session, A had continued to demonstrate problem behavior, particularly in regards to alcohol abuse. Although a significant improvement had been noted in the week just preceding the therapy session, during the two weeks before, she had shown, at school, many of the physical signs of excessive alcohol consumption, according to the Westfield Day Program staff members who worked with A at the school.

The therapist started the session by questioning the family members about their reactions to A's problem drinking and the consequent behaviors. Both parents, in turn, expressed their mutual, parental concern about A's behavior. The therapist relabelled their expressed concern as caring for A. Although A initially denied her parents' caring and concern, and argued with her parents, especially her mother, she clearly heard their mutual expressions of caring for her.

Mr. and Mrs. L. also made clear statements about their mutual

insistence that A live by their rules and, if not, she would have to live elsewhere. Mr. L. indicated that it was likely that he would be moving back with the family in the future and, if A didn't like that, she could leave, a significant change from his earlier hesitation to discuss this topic and allowing A's behavior to determine when he would come home. Mrs. L. also, in support of her husband, indicated her recognition and acceptance of the fact that, sooner or later, A will leave the home to live on her own, thereby effectively demonstrating the extent to which the previous coalition between Mrs. L. and A had been changed.

Finally, the session closed with the therapist reframing the parent's insistence that A accept their rules, and T's silence during the session, as indications of the family members' caring for A, which A apparently accepted.

## Family Change Over the Course of the Therapy

### Session Transaction Scores

As described earlier, the session transaction score is a summation of the number of observed instances of coalitions, overinvolvements, exclusions, and conflicts between family members during the therapy sessions. The transaction score thus provides an overview of the type of family transactions most typically exchanged during the session. In general, the lower the score, the more the family's transactions were characterized by conflicts, negative overinvolvements, and/or exclusions. The higher the score, the more affiliations, positive overinvolvements, and/or coalitions (or the less conflicts, etc.)

there were.

Transaction scores were obtained from the completed Observer Checklists of the two observers and also from the analysis of the tape-script summary of each session. The transaction scores reported below (Table 3) are the scores obtained from the analysis of the tape-script summary which are very similar to those obtained by the raters using the Observer Checklist. Inter-rater reliability coefficients were calculated as follows:

rater one versus rater two inter-rater reliability = .84

rater one versus tapescript analysis inter-rater reliability = .95

rater two versus tapescript analysis inter-rater reliability = .90

Since the transaction score does not include an indication of the particular family members involved in the various identified transactions, the degree to which the raters and the analysis of the tape-script agreed on who was actually involved in the various transactions was also calculated for each session. Situations in which only one transaction of a particular type was scored in a session by both raters, yielding 100% agreement, and situations in which one rater scored one instance of a particular transaction and the other rater did not, yielding 0%, were omitted from the calculations because they tend to inflate or deflate the agreement percentages and thus allow the analysis of the data to be misinterpreted.

The degree of agreement for identifying conflicts and the family members involved in the conflicts ranged from 40% to 95% with a mean

TABLE 3

COMPARISON OF SESSION TRANSACTION SCORES

| Session number | Conflict (-3) | Neg. over-involvement (-2) | Exclusion (-1) | Pos. over-involvement (+2) | Coalition (+3) | Transaction score | Total no. of transactions | Ratio | Session classification |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 11 | 4 | 9 | 0 | 3 | -41 | 136 | -.30 | conflict & exclusion |
| 2 | 1 | 2 | 0 | 1 | 0 | - 5 | 57 | -.09 | affiliation |
| 3 | 7 | 2 | 6 | 0 | 3 | -22 | 131 | -.17 | conflict & exclusion |
| 4 | 1 | 0 | 2 | 0 | 1 | - 2 | 95 | -.02 | affiliation |
| 5 | 1 | 1 | 3 | 1 | 2 | 0 | 51 | 0.00 | minimal exclusion/ coalition |
| 6 | 3 | 6 | 5 | 0 | 4 | -14 | 86 | -.16 | mixed |
| 7 | 0 | 3 | 16 | 0 | 5 | - 7 | 155 | -.05 | exclusion/ coalition |
| 8 | 10 | 6 | 4 | 0 | 5 | -31 | 119 | -.26 | conflict & neg. overinv't. |
| 9 | 3 | 0 | 2 | 0 | 1 | - 8 | 94 | -.09 | minimal conflict & exclusion |

percentage of agreement of 66%. The range of agreement for the identification of negative overinvolvements was 22% in one session, to 80% in another, with a mean agreement percentage of 45%. Similarly, the range for the identification of participants in exclusion transactions was 20% agreement to 78% agreement, with a mean of 51%, and the range for identifying family coalitions was 25% to 75% with a mean of 48%. Since very few instances of positive overinvolvement were recorded, no agreement percentages were calculated.

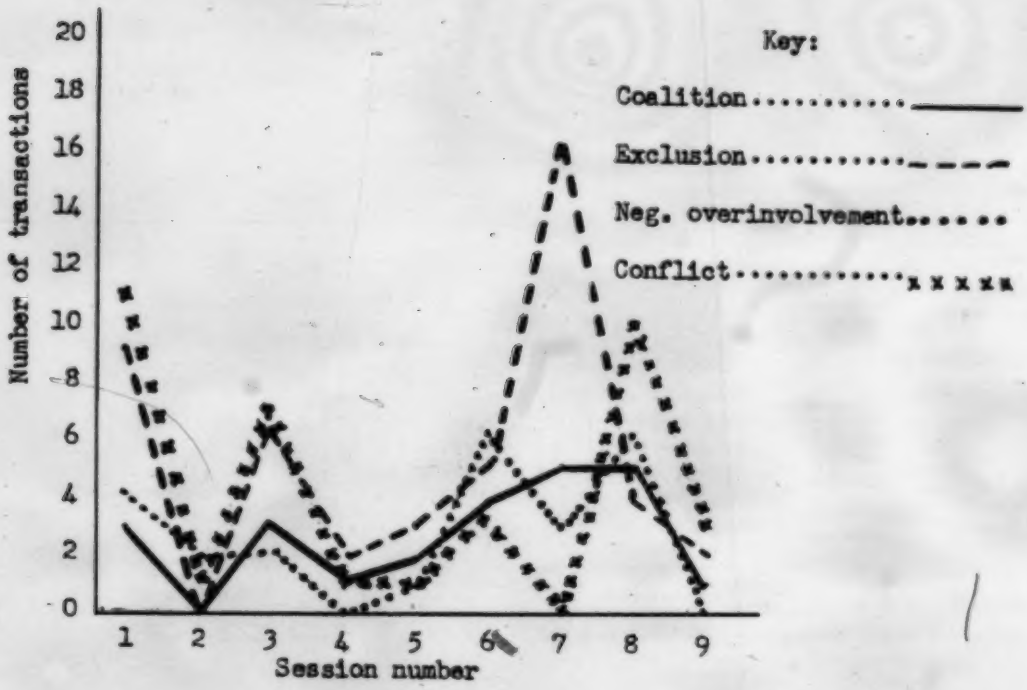
It would appear, from the percentage of agreement statistics, that conflicts were the transactions about which the raters were most in agreement, suggesting that conflicts may be the easiest transactions to identify. Conversely, the subtle distinctions between some of the other transaction types are less obvious, and considerable overlap may exist between what may be considered a coalition transaction by one observer and a positive overinvolvement transaction by another, for example.

The changes in the predominance of transaction types from session to session are illustrated in Figure 3.

An examination of the ratios of the transaction scores to the number of transactions in the session, from session to session, and the changes in the frequency of occurrence of the various transaction types (shown in Figure 3), without an indication of the specific family members involved in the transactions, did not reveal a consistent pattern of family change. In the first four sessions, the family alter-

FIGURE 3

CHANGES IN FAMILY TRANSACTION TYPES




nated between patterns of conflict and exclusion, and of affiliation, coinciding with A's behavior during the week(s) preceding the sessions. She had acted out prior to sessions one and three, the conflict and exclusion sessions, but had not done so before the more affiliative sessions two and four. Again, preceding sessions eight and nine, A's behavior was a serious concern to her parents and to the school, and, in session eight, an increase in the number of conflict transactions occurred. This was not the case, however, in session nine.

A pattern of family change did emerge when one takes into consideration the participants in each of the family transactions during the various therapy sessions. With respect to family conflict transactions for example, A was involved in thirty one of the thirty three recorded

conflicts but, while she was in conflict primarily with her mother and brother in the first and third sessions, as her father remained uninvolved or attempted to detour the conflicts, later, in sessions six and eight, Mr. L. was also involved in conflicts with A as he began to assert himself as a parent and to support Mrs. L. more openly.

This pattern was also illustrated by the changes in the family's exclusion transactions. In sessions one and three, Mr. L. attempted to change the subject when conflicts arose and avoided responding when A criticized or challenged him. Occasionally, he also detoured to rescue T when T was put on the spot. In sessions one, three and seven, A detoured the therapeutic involvements with her parents. However, during sessions six and seven the therapist helped both parents ignore some of A's attempts to interrupt them and thereby the therapist created a greater distance between A and her mother and aided the parents in removing A from her triangulated involvement in the parental subsystem. Both parents together continued to exclude A in sessions eight and nine when she again attempted to align with, by distracting, her mother when the parents discussed their relationship as a couple.

Change also occurred in the transactions labelled coalitions. During the first five therapy sessions A and her mother joined in coalition against Mr. L. while he joined with T to protect him from A's attacks and from the therapist's attention. Occasionally, when A and her mother were in conflict, in session one, Mr. L. attempted to join

with A to support her against Mrs. L.'s criticisms and to put an end to the arguments. During the sixth session however, Mr. L. aligned with his wife against A although the parental boundary was not yet clarified because Mrs. L. aligned with A on one occasion and with T on another, in opposition to her husband. The boundary became more clear in the seventh and eighth sessions when the parents joined in coalition against A, and T aligned with A on one occasion to support her against her parents.

Finally, no consistent pattern was found in the negative over-involvement transactions from one session to another. Reprimands and criticisms were exchanged most frequently between Mr. L. and A throughout the nine therapy sessions. Mr. and Mrs. L. never criticized each other during the sessions and A and T did so several times but always with retaliation, leading to sibling conflict.

In summary, it appeared that change in the L-family's transactional patterns did occur over the nine therapy sessions and the change was, in general, a change in the boundary between the parental and the sibling subsystems. This change was demonstrated most clearly by the increased parental assertiveness shown by Mr. L. towards A, leading to an increase in the number of conflicts between Mr. L. and A, and by a corresponding decrease in the mother's tendency to align with A against her husband. It is important to note that these changes occurred after sessions four and five, when the therapist attempted to join with the family members. Prior to these joining sessions the

therapeutic maneuvers produced little if any change.

Dyadic Relationships

The raters who observed the videotape of each family therapy session and recorded family transactions during the sessions, also assessed the dyadic relationships between the family members on the basis of their observations. The raters used a symbol to characterize each relationship and each symbol was converted to a score value as follows:

| Relationship characterized as being: | Symbol | Score Value |
|---|---|---|
| conflict | -//- | -3 |
| (conflict and neg. over-involvement) | -≠- | -2.5 |
| negative overinvolvement | -≡ | -2 |
| (conflict & exclusion) | -)(- | -1.5 |
| exclusion | )( | -1 |
| (exclusion & affiliation) | ≠ | -0.5 |
| affiliation | = | +1 |
| (affiliation & coalition) | ≠ | +1.5 |
| positive overinvolvement | +≡ | +2 |
| (positive overinv't. & coalition) | +≠ | +2.5 |
| coalition | } | +3 |

The cumulative family relationship score is a compilation of the individual dyadic relationship scores for each session and thus represents a summary of the family relationships as evaluated by the raters

during the various sessions. The evaluation of dyadic relationships is, of course, a more subjective assessment by the raters than is the recording of specific transactions.

The inter-rater reliability coefficient for the assessment of the various dyadic relationships by the two raters was .58 and the scores recorded in Table 4 represent the means of the scores assessed by the two raters.

TABLE 4

COMPARISON OF DYADIC RELATIONSHIP SCORES FOR NINE THERAPY SESSIONS

| Session number | Dyads and Scores | | | | | | Cumulative family relationship score |
|---|---|---|---|---|---|---|---|
| | F-M | F-A | F-T[1] | M-A | M-T[1] | A-T[1] | |
| 1 | -.5 | -.5 | -.5 | -3 | +1 | -3 | -6.5 |
| 2 | -.5 | -1 | -1 | *+1.5 | n/a | n/a | -1.0 |
| 3 | -.5 | -.5 | -.5 | 0 | -1 | -3 | -5.5 |
| 4 | -.5 | *+1 | n/a | +1 | n/a | -.5 | +1.0 |
| 5 | -.5 | +1 | +1 | +1 | +1 | +1 | +4.5 |
| 6 | -1.5 | *-1.5 | -1 | +1.5 | -1.5 | -2 | -6.0 |
| 7 | *+1.5 | -1 | n/a | *-3 | n/a | n/a | -2.5 |
| 8 | +1.5 | -1.5 | +1 | -1.5 | n/a | -3 | -3.5 |
| 9 | +1 | -.5 | -.5 | +1 | -1 | -1 | -1.0 |

* denotes a change in the assessment of the dyadic relationship

Note 1. because T participated, in general, so little, the assessments of the dyadic relationships in which he was involved are based on a much smaller number of observations and are therefore considered to be less meaningful.

As can be seen from the dyadic relationship scores for each session, the relationship between Mr. and Mrs. L. changed from an exclusion and mildly affiliative relationship in sessions one through six, to one characterized by a stronger affiliation and occasional coalition as parents beginning in session seven. This change in the parental relationship coincided with the change in the relationship between Mrs. L. and A. While their dyadic relationship prior to session seven had generally been characterized as a strong affiliation together with some coalitions, usually against Mr. L. (except in session one when mother and daughter were openly in conflict), after the seventh and eighth sessions had been observed, their relationship was assessed as one of conflict and exclusion particularly as Mrs. L. refused to be distracted by A's attempts to align with her during session seven.

The fourth and fifth sessions, which were used by the therapist as joining sessions, brought a change in the father-daughter dyad which corresponded to the change noted in the mother-daughter relationship. During sessions four and five, Mr. L. and A related in more affiliative ways allowing Mr. L. and A to communicate without conflict, detouring or criticism. Following this brief period of affiliation, Mr. L. began to assert himself as A's parent which produced a change in the dyadic relationship between Mr. L. and A. which was assessed during subsequent sessions as one of exclusion and conflict.

The correlation between the cumulative family relationship scores for each session, based on the subjective assessment of the

family's dyadic relationships, and the transaction scores for each session, which are based on the recording of specific transactions between family members, was determined using the Pearson product moment formula and was found to be .75, which suggested that the rater's subjective, overall judgement of family relationships was based primarily but not exclusively on the transactions which actually occurred between the family members. Thus, the subjective assessment of relationships may be a relatively reliable method of determining some aspects of the family structure. However, because the inter-rater reliability is considerably greater when assessing the family structure on the basis of the less subjective recording of identified transactions which occur during the sessions, this method may be preferable.

Family Subsystem Boundaries

The score selected by the raters to characterize the clarity of the subsystem boundary between the parental and sibling subsystems was also a subjective assessment of the family structure. Following his observation of each therapy session, the rater selected a score from 1 to 10 to characterize the boundary, with a low score (below 5) representing a rigid, disengaged boundary characterized by cold, impersonal and strictly authoritarian parents who demand obedience and whose children approach the parents in an impersonal, distant manner. Conversely, a higher score (above 5) represents a more enmeshed or diffuse boundary where the parental and sibling roles are

difficult to distinguish - the children, at times, reprimanding a parent or joining in coalition with one parent against another, and the parents, at times, arguing with or otherwise trying to convince a child to obey. A score of 4, 5, or 6 represents a boundary that is, by way of contrast, relatively clear, with sibling and parental roles distinct but with openness and closeness between parents and child(ren) permitted.

The inter-rater reliability coefficient for the assessment of family subsystem boundaries was .35 which indicated that considerable discrepancy existed between the two raters' subjective assessments of the clarity of the subsystem boundary from session to session although the reliability coefficient was reduced as well by the fact that, initially, there were some differences of interpretation between the raters as to what constituted an enmeshed boundary as opposed to a disengaged boundary. After this difference in scoring procedures was corrected, the clarity of the subsystem boundaries was re-evaluated by one rater using an overview of the tapescript summaries for each session. Since only one rater repeated the assessment of the boundary in this way, no inter-rater reliability was calculated. It is assumed, however, that, because the raters clarified the procedure used to assess the boundary, the inter-rater reliability would be significantly greater in future boundary evaluations. The boundary scores obtained by the one rater's assessment of the tapescript summaries are recorded in Table 5, together with a summary of the comments which the raters included in their assessments.

TABLE 5

ASSESSMENT OF THE SUBSYSTEM BOUNDARIES

| Session number | Boundary score | Comments |
|---|---|---|
| 1 | 10 (strongly enmeshed) | The coalition of mother and A against father which keeps father involved but only peripherally and the arguments between mother and daughter with father supporting A against mother to detour conflicts all suggested that the boundary was highly enmeshed. |
| 2 | 7 (some enmeshment) | The generally affiliative relationships which characterized the session included some instances of positive overinvolvement between M (mother) and A as well as A arguing with and reprimanding her parents, suggesting some confusion of parent and child roles. |
| 3 | 8 (enmeshed) | A was obviously still triangulated with her parents as she continued to criticize and reprimand her parents without being challenged by them and Mrs. L. continued to align with A against F (father) but less frequently than in session one. |
| 4 | 6 (clear) | A joining session in which both siblings listened to their parents, particularly F, without interrupting or criticizing him and M was helped by the therapist to join F in the discussion rather than aligning with or being distracted by A. |
| 5 | 7 (some enmeshment) | Also a joining session where the siblings listened to their parents although M again aligned with A against F and F joined with T against A on one occasion. |
| 6 | 8 (enmeshed) | Once again, the M-A coalition became evident and both parents exchanged criticisms and complaints with A. |
| 7 | 6 (clear) | The therapist's maneuvers allowed the parents to align together against A and they mostly ignored her attempts to remain triangulated thus effectively dealing with A together as parents. T and A also joined as siblings. |
| 8 | 5 (clear) | The parental alliance continued in spite of A's attempts to join with her mother by engaging her in debates as she had successfully done in earlier sessions. There were conflicts but the parents supported each other and attempted to deal with A's acting out behavior together. |
| 9 | 5 (clear) | This session was mainly a discussion with the parents about their daughter's abuse of alcohol. Both parents expressed their concern and caring for A as well as their mutual insistence that A abide by their rules for the family. |

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Again, in terms of the boundary scores, the significant family change appeared after the joining sessions (four and five) and particularly in session seven, as was the case as well with the patterns of transactions and the assessed family dyadic relationships.

In order to compare the relationship, if any, between the raters' assessments of the clarity of the subsystem boundary and the recorded transaction scores, based on the specific transactions which took place between family members during the sessions, the Pearson product-moment correlation between the transaction scores and the boundary scores for all nine sessions was calculated and found to be -.60. A significant discrepancy was, however, found between the transaction score-boundary score relationship for the first six sessions as opposed to the last three sessions. The correlation between the transaction scores and the boundary scores for sessions one through six was -.95 whereas the correlation for sessions seven, eight, and nine during which the major changes in the transactions between family members occurred, was +.53.

The strong negative correlation for the first six sessions suggested that, in the L-family, when the family engaged in more conflicts, negative overinvolvements, and/or exclusions, the transactions which lower the session transaction score, the boundary between the subsystems became more enmeshed. Thus, when A acted out, more conflict and negative overinvolvement (reprimands, criticisms) occurred and A thereby moved into a triangulated relationship with her

parents, keeping the parents involved but preventing them from really joining as a couple. Eventually, although the conflicts were initially between Mrs. L. and her daughter, they also joined in coalition together against Mr. L. to prevent him from being meaningfully involved. This was the case in sessions one and three in particular.

During the eighth session however, even though A had acted out again, the pattern described above no longer occurred for the parents, together, prevented A from triangulating with them and thus clarified the subsystem boundary. Therefore the lower transaction score for session eight corresponded positively with the lowered (more clear) boundary score.

The negative correlation between the transaction scores and the boundary scores for the first six sessions also suggested that, as the family experienced more affiliation, as was the case in sessions two, four, and five, the boundary became more clear. Because of the absence of significant conflicts, reprimands, and criticisms, the parental boundary was less frequently crossed by A. However, during the last three sessions, the boundary remained relatively clear whether the family experienced conflict, negative overinvolvement, exclusions, or affiliations because, in these latter sessions, the parents were working together to deal with their children. Therefore, the correlation between the transaction scores and the boundary scores for sessions seven, eight, and nine is positive, signifying that a change from the earlier enmeshed subsystems has occurred.

Analysis of Symmetrical and Complementary Interactions

The method used to analyse the dyadic speech patterns in order to categorize each speech as symmetrical or complementary (one up or one down) to the speech preceding it, requires a complete tape-script summary of each session, samples of which, taken from sessions one and two, are provided in Appendix B. Calculations of the proportions of the family members' speeches, for each segment of the various sessions, which are symmetrical and complementary were obtained by the researcher from the tapescript summaries. These data are summarized in Table 6.

An overview of the data presented in Table 6 indicates that the interactions between the various dyads in the family were predominantly symmetrical following sessions one and two, which were complementary and 'mixed' sessions respectively. The proportion of speeches which were symmetrical increased from the first to the fifth sessions and the predominance of symmetrical interactions was maintained throughout the remaining sessions regardless of the content of the discussions, although, during session seven, a slight increase in the complementarity of the speech patterns occurred, particularly when the therapist joined with Mrs. L. and excluded A from her interactions with Mrs. L.

The changes in the proportion of the family members' speeches which were symmetrical (as opposed to complementary) from session to session are illustrated in Figure 4. Included in Figure 4 is the

TABLE 6

PROPORTIONS OF SYMMETRICAL AND COMPLEMENTARY SPEECHES IN EACH SESSION SEGMENT

| Session number | Session Segments | Number of interact'ns S | C | % S | C |
|---|---|---|---|---|---|
| 1 | A. conflict between A and M. F detours | 6 | 12 | | 67 |
| | B. reaction to pos. reframing of A's beh. | 0 | 6 | | 100 |
| | C. T put on spot as family spokesman | 9 | 14 | | 61 |
| | D. focus on sibling rel'p. | 6 | 0 | 100 | |
| | E. focus on parental rel'p. | 3 | 1 | 75 | |
| | Total session one ..... | 24 | 33 | 42 | 58 |
| 2 | A. family discussion after a "good" week | 4 | 2 | 67 | |
| | B. F put on spot to discuss parent plans | 3 | 2 | 60 | |
| | C. prescribing the symptom-immed. resp. | 1 | 4 | | 80 |
| | Total session two ..... | 8 | 8 | 50 | 50 |
| 3 | A. M angry with th. re interv'nt. F det. | 9 | 6 | 60 | |
| | B. focus on family sacrifices | 5 | 1 | 83 | |
| | C. discussion of T's behav. vs A's | 6 | 5 | 55 | |
| | D. discuss parent rel'p. to stren. bdy. | 4 | 0 | 100 | |
| | Total session three ..... | 24 | 12 | 67 | 33 |
| 4 | A. joining with M and A | 9 | 2 | 82 | |
| | B. joining with F; M interrupts | 12 | 2 | 86 | |
| | C. joining with T; A interferes | 8 | 3 | 73 | |
| | Total session four ..... | 29 | 7 | 81 | 19 |
| 5 | joining with family, detour conflicts & prediction of return of symptoms | 18 | 0 | 100 | |
| | Total session five | 18 | 0 | 100 | 0 |
| 6 | A. query fam. members' percep. of fam. | 15 | 1 | 94 | |
| | B. discuss caring & sharing fam. close. | 14 | 1 | 93 | |
| | Total session six ..... | 29 | 2 | 94 | 6 |
| 7 | A. therapist joins with M; A is excluded | 4 | 7 | | 64 |
| | B. therapist joins with F; A interrupts | 9 | 7 | 56 | |
| | C. th. joins with M & F to sep. A fr. M | 10 | 2 | 83 | |
| | D. metaphor with T-closeness reest. F | 4 | 0 | 100 | |
| | E. discuss family togetherness | 9 | 0 | 100 | |
| | Total session seven ..... | 36 | 16 | 69 | 31 |
| 8 | A. A conflict with F, M, & T. F asserts self as parent. M supts. F; T. supts. F&M | 29 | 3 | 91 | |
| | B. th. supports A. F clarif. par. rel'p. | 9 | 0 | 100 | |
| | C. M expresses parental con. for A | 6 | 3 | 67 | |
| | Total session eight ..... | 44 | 6 | 88 | 12 |
| 9. | A. focus on feelings about A's drinking | 13 | 5 | 72 | |
| | B. F&M clarify their rel'p. & expectations and concern for A | 6 | 0 | 100 | |
| | C. discuss A&T rel'p. & parental rel'p. | 3 | 1 | 75 | |
| | Total session nine ..... | 22 | 6 | 79 | 21 |

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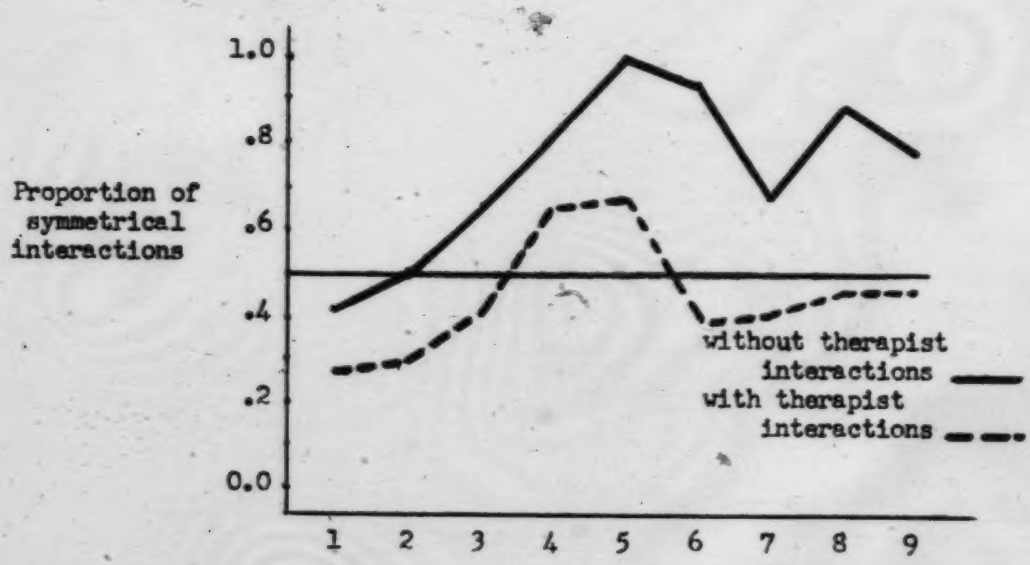
FIGURE 4

CHANGES IN THE PROPORTIONS OF SYMMETRICAL INTERACTIONS



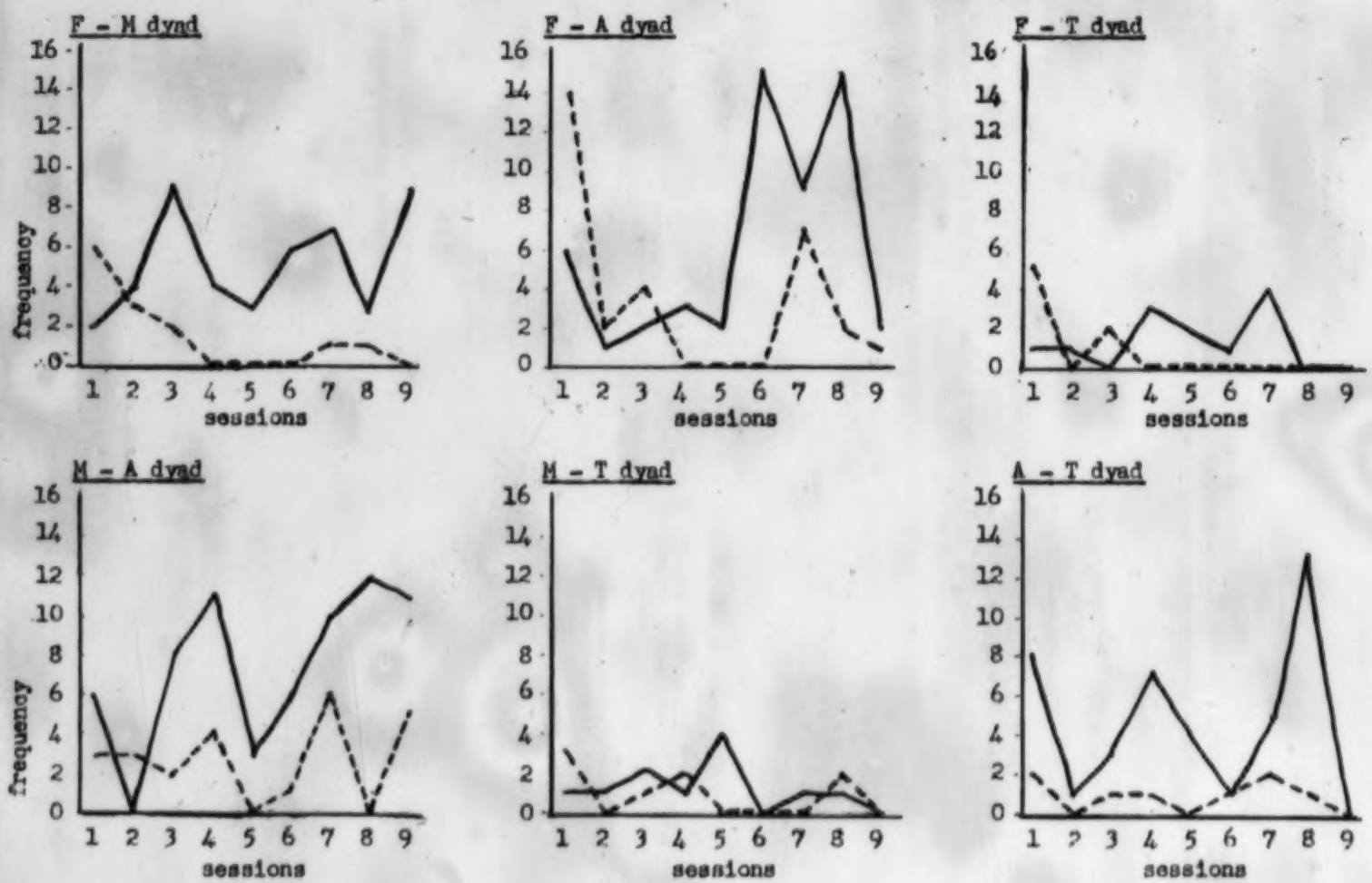

differences in the proportion of symmetrical speeches in each session when the therapist's participations are scored and included in the calculations. The therapist's interactions with the family were predominantly complementary, thus lowering the overall proportion of symmetrical interactions for each session. The therapist's complementary involvement suggests that, rather than arguing or competing with the family members (the kind of interactions which would typically be scored as symmetrical), she typically followed and reflected the members' speeches in order to join with and accommodate to the family as well as to restructure the family system. Thus, the therapist attempted to work within the family system, not outside it--in competition or involved in a power struggle with the family.

An analysis of the patterns of symmetry and complementarity within each session suggests that, at times, depending perhaps on the content of the discussion and on the particular family members involved in the discussion, the proportions of speeches which were symmetrical and complementary changed significantly. In order to examine the relationship between the members involved in the interactions and the proportions of speeches which were symmetrical and those which were complementary, the speech patterns for each of the family dyads was examined and the results summarized in Figure 5. The graphs of Figure 5 compare the number of symmetrical and complementary interactions for each family dyad in each of the nine therapy sessions.

Although the speech patterns of the father - T and mother - T dyads are difficult to interpret because of the small number of interactions involved, the graphs in Figure 5 clearly demonstrate the predominance of symmetrical speeches in each of the other family dyads. In attempting to interpret the graphs, however, one must also be aware of the content of the various speeches as well as the proportion of the speeches which were symmetrical and the proportion which were complementary.

In the early stages of session one, the conflict between Mrs. L. and A and, later, between A and T, involved symmetrical interactions, but father attempted to detour these conflicts using complementary interactions with A and with Mrs. L. Near the end of the session,

FIGURE 5. NUMBER OF SYMMETRICAL AND COMPLEMENTARY SPEECHES FOR EACH DYAD




Symmetrical interactions ——— Complementary interactions - - - - -

however, when the therapist focussed on the parental and sibling relationships, the interactions were almost entirely symmetrical, although the symmetry was more affiliative and stable as opposed to the escalating, competitive symmetry of the earlier conflicts.

Session two was difficult to interpret meaningfully because of the small number of family interactions, due to the fact that, after a "good" week at home, the family had little to discuss and therefore, the therapist was more actively involved in questioning the family members.

The third session, on the other hand, followed the therapeutic prescription of A's symptomatic behavior which had created much concern and controversy in the family. The family interactions were therefore more symmetrical and competitive, particularly between Mrs. L. and her daughter and between Mr. and Mrs. L. Mr. L., however, again used complementary speeches in an attempt to detour some of the conflicts and to avoid getting involved in conflicts with A.

The therapeutic strategy employed during sessions four and five was to join with and accommodate to the family and this was accomplished primarily by stable, affiliative, symmetrical interactions with the family members, characteristic of a more conversational style of speech between persons of equal standing or influence. There was no complementary competition towards one up or one down, and the symmetry did not escalate towards conflict.

Session six, on the other hand, while still characterized almost

exclusively by symmetrical interactions, included stable, affiliative symmetry between the parents who, together with their children, discussed caring for and sharing with one another, but escalations of symmetrical disagreements between the parents (especially Mr. L.) and A did also occur.

Much of the seventh session was used to separate A from triangulating with her parents and to strengthen the parental affiliation. This, initially involved complementary competitive interactions between A and her parents as A tried frequently to interrupt or distract them. Later, the therapist helped the parents to affiliate symmetrically and to deal with A as a sibling by means of primarily symmetrical speeches in which one or both parents reprimanded A who, although she objected, was unable to escalate the symmetrical interactions by engaging her parents in conflict.

Session eight followed a return to A's inappropriate behavior and included mostly symmetrical conflicts between A and T, and between A and her parents. Unlike session one, the symmetrical conflicts in the eighth session were not accompanied by complementary speech patterns in which Mr. L. attempted to detour and avoid conflicts.

The ninth session was characterized by a symmetrical, affiliative discussion between the parents about their concern for and expectations of A, and by Mrs. L.'s symmetrical dialogues with A in which she both reprimanded and argued with A, and expressed her

parental concern to A.

Thus, in short, the patterns of symmetry and complementarity do distinguish one session, and segment of a session, from another, but the distinction can only be meaningfully interpreted when the pattern of symmetry or of complementarity is accompanied by an understanding of the content of and the particpants in the speeches.

Participation Scores

The participation score represents the percentage of the speeches made during the session by each of the family members and by the therapist. The scores for each member in each segment of the session are recorded in Table 7.

The changes in the degree of participation for each member from one session to the next are illustrated in Figure 6.

FIGURE 6

CHANGES IN MEMBER'S PARTICIPATION OVER THE COURSE OF THERAPY

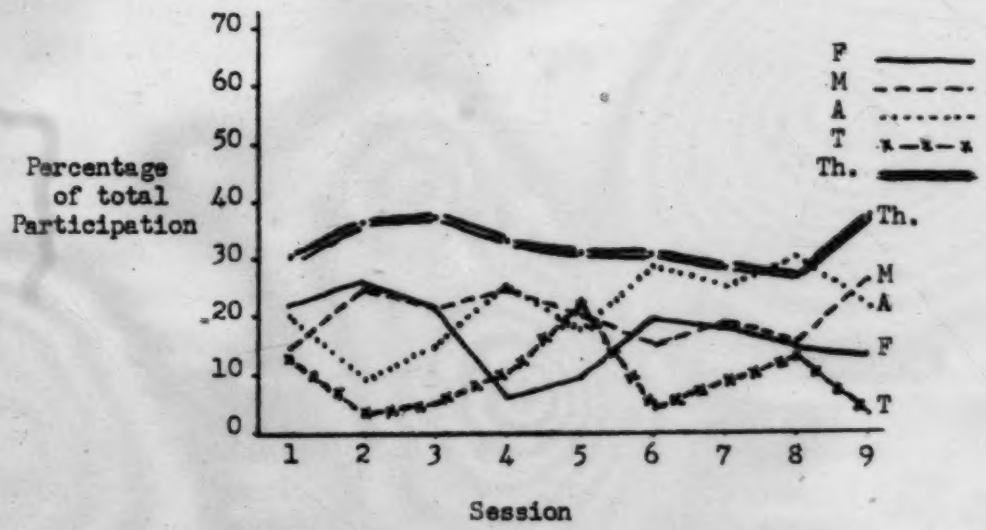


TABLE 7

CHANGES IN PARTICIPATION SCORES OVER THE COURSE OF THERAPY

| Session number | Session segment | Percentage of total participations: F | M | A | T | Therapist |
|---|---|---|---|---|---|---|
| 1 | A | 50 | 14 | 33 | 0 | 5 |
| | B | 32 | 16 | 16 | 0 | 37 |
| | C | 11 | 14 | 18 | 27 | 30 |
| | D | 9 | 9 | 23 | 23 | 36 |
| | E | 23 | 20 | 13 | 0 | 43 |
| Session one scores | | 22 | 14.5 | 20 | 12.5 | 31 |
| 2 | A | 17 | 22 | 9 | 9 | 43 |
| | B | 29 | 29 | 5 | 0 | 38 |
| | C | 38 | 23 | 15 | 0 | 23 |
| Session two scores | | 26 | 25 | 9 | 3 | 37 |
| 3 | A | 19 | 27 | 13 | 0 | 40 |
| | B | 30 | 20 | 20 | 0 | 30 |
| | C | 15 | 4 | 23 | 23 | 35 |
| | D | 22 | 26 | 9 | 0 | 43 |
| Session three scores | | 21 | 21 | 15 | 5 | 38 |
| 4 | A | 3 | 31 | 29 | 6 | 31 |
| | B | 15 | 27 | 21 | 3 | 33 |
| | C | 0 | 11 | 26 | 26 | 37 |
| Session four scores | | 6 | 24 | 25 | 10.5 | 33.5 |
| 5 | A | 13 | 16 | 18 | 26 | 26 |
| | B | 0 | 31 | 15 | 7 | 46 |
| Session five scores | | 10 | 20 | 18 | 22 | 31 |
| 6 | A | 22 | 16 | 30 | 5 | 27 |
| | B | 18 | 16 | 29 | 2 | 36 |
| Session six scores | | 20 | 15 | 29 | 4.5 | 31.5 |
| 7 | A | 7 | 29 | 27 | 2 | 36 |
| | B | 22.5 | 22.5 | 25 | 2.5 | 27.5 |
| | C | 27 | 15 | 27 | 4 | 27 |
| | D | 25 | 4 | 8 | 33 | 29 |
| | E | 15 | 15 | 35 | 15 | 20 |
| Session seven scores | | 18 | 19 | 25 | 9 | 29 |
| 8 | A | 16 | 16 | 31 | 11 | 26 |
| | B | 23 | 4.5 | 32 | 13.5 | 27 |
| | C | 0 | 26 | 26 | 17.5 | 30.5 |
| Session eight scores | | 14 | 16 | 30 | 13 | 27 |
| 9 | A | 10 | 23 | 27 | 3 | 37 |
| | B | 21 | 37 | 5 | 0 | 37 |
| | C | 13 | 20 | 20 | 7 | 40 |
| Session nine scores | | 13 | 26 | 21 | 3 | 37 |

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The data on the degree of member participation in the various segments of each session indicate that, in general, the therapist was the most actively involved in terms of the number of speeches made, except in session eight when A received the highest participation score. T was the least involved except in sessions four and five, the "joining sessions", when Mr. L. received the lowest participation scores. Also, some general trends in the relation between one member's participation and that of the other family members may be recognized. In general, with the possible exceptions of the fourth and fifth sessions, the parents' participation scores were positively related, that is, both parents tended to contribute a relatively equal amount to the discussion, although exceptions to this trend were found. Another general trend was that, other than during sessions six and seven, and although A participated far more frequently than did T (except in session five), when A's involvement increased, so too did T's participation, and vice versa. Thus A and T's participation scores were also positively related. Conversely, however, the degree of A's participation was negatively related to that of her parents, particularly in the first three therapy sessions. Therefore, before the therapist successfully joined with the family and, later, helped the parents strengthen their affiliation as parents and the boundary between themselves as parents and A, the tendency in the family had been that the parents' involvements would decrease as A's increased and vice versa. Subsequently, during the sixth and seventh sessions particularly, the increase in A's participation

coincided with an increase in the father's involvement.

In order to more accurately relate individual member's participation scores with those of other members, and with the content of the discussion, Chi Square tests were performed to determine if, at certain times, some members were overinvolved or underinvolved, that is, if their involvement was significantly greater, or less, than was expected on the basis of their level of participation in the session in general, and in comparison with the degree of involvement of the other family members.

In session one, Mr. L. was overinvolved ($p < .01$) in the conflict between A and Mrs. L. (segment A), and later, when the therapist attempted to align with T to allow him to act as the family spokesman, T's involvement was significantly greater ($p < .05$) than at other times in the session. Throughout the session, the participation of Mrs. L., A, and the therapist did not change significantly.

Mr. L.'s participation during session two was greater than in any other session, whereas A and T's participations were less than in other sessions. Although the parents both participated more frequently than did either of their children, they were not significantly overinvolved, nor were A and T underinvolved during any phase of the session.

Once again, during the third session, T was put "on the spot" by the therapist (segment C) and, as a result, his participation score was significantly greater ($p < .01$) than at other times in the session. No other over or underinvolvements occurred in session three.

Except for the attempts made by the therapist to join with Mr. L. and, later, with T, they both remained relatively uninvolved in the fourth session. The participations of Mrs. L. and A, both greater than those of Mr. L. and T, did not vary significantly from the expected level of involvement during the session. In session five, another joining session, like the fourth, T's involvement was significantly greater ($p < .01$) than during any other session even though no particular therapeutic efforts were made to involve him or to put him on the spot as was the case on two previous occasions. Possibly, because there were no issues that were dealt with during this brief session, T chose to participate more than he usually did when the family and the therapist focussed on family problems and relationship difficulties.

No significant over or underinvolvements occurred in the sixth session although A's involvement increased as markedly from the previous session as T's participation declined. T was also relatively uninvolved in the seventh session except for the time when he used metaphorical language to describe his feelings of loneliness and isolation from the family at which time his participation was significantly greater ($p < .01$) than at any other time during the session.

A's participation score for session eight was higher than for any other session and she remained very involved all through the session. Other family members' participation scores did not vary significantly from the expected in session eight, or in session nine, although, in the ninth session T's involvement was again very low.

In summary, although relatively few instances of significant over- or underinvolvements occurred, the general tendency was for father to be less involved, particularly during the therapeutic joining maneuvers, and also when Mrs. L. was less involved. T's participation was, in all but sessions four and five, less than that of any other family member and he really only became involved when he was put on the spot, usually by the therapist. As for Mrs. L. and A, on the other hand, their involvements did not vary significantly from session to session nor did their participation vary with the content of the session nor with the type of transactions, whether this included conflict, affiliation, or coalition.

The Investigative Family Interview: Post-Therapy Administration

The procedures used to score the responses given by the family members to the six questions of the interview, which was administered four weeks after the ninth (and last) therapy session, produced a cumulative dyadic relationship score for each family dyad, an exclusion-score, and a negative-positive role attribution score for each family member, all of which are recorded in Table 8.

TABLE 8

POST-THERAPY I.F.I. SCORES

| Dyads | Dyadic Rel'p. score | Dyadic Rel'p. symbol | Members | Exclusion-Inclusion score | +/- Role attrib. score |
|---|---|---|---|---|---|
| F-M | +5 | = | F | 1 | +8 |
| F-A | -10 | -//- | | | |
| | | | M | 0 | +6 |
| F-T | +6 | = | | | |
| M-A | -3 | =//= | A | 8 | -2 |
| M-T | +4 | = | | | |
| | | | T | 8 | 0 |
| A-T | +2 | = | | | |

The responses on which these scores were based are summarized below. In responding to question one, both siblings agreed that, while their parents did argue, their relationship was generally one of affiliation. The relationship between Mr. L. and A, however, was characterized as one of negative overinvolvements (reprimands), and conflicts, in which A consistently refused to accept her father's authority, suggesting an as yet unresolved boundary issue between Mr. L. and A. On the other hand, the father-son relationship between Mr. L. and T was characterized as one of affiliation in which mutual interests were shared and areas of difficulty discussed. According to both Mrs. L. and A, T accepted the discipline of his father.

The relationship between Mrs. L. and A was described in terms of both affiliation and conflict. Although arguments were reported to

be continuing between Mrs. L. and her daughter A, it was also indicated that they can be quite friendly together as well. The mother-son relationship between Mrs. L. and T was also described as one of affiliation, with occasional conflicts. Finally, A and T's relationship was reported as consisting of some arguments and fights as well as some sharing and discussing of mutual interests, typical of affiliative siblings, according to both parents.

There was general agreement amongst the family members that T and his father were least involved in conflicts, but while Mr. L. and A indicated that they believed they were the most involved in arguments and disagreements, Mrs. L. and T both suggested that A and her mother argued the most. Thus A remained in the center of family conflicts but her parents were more equally involved, together, in conflicts with A.

Both mother and father were named as being the most helpful to other family members, suggesting that both parents were able to engage in affiliative, supportive relationships together and with their children.

In responding to question four, all members were unanimous in naming A as spending the least amount of time at home, and in identifying T as being the next least at home, suggesting that both siblings were involved in peer relationships which were important to them outside of the home. Also, with the exception of Mrs. L., all family members indicated that Mr. L. was now at home as often as Mrs. L.

Both parents were also named as being equally involved in helping to resolve problems in the family, although A suggested that, in her view, no one in the family really helped to resolve her difficulties, and that she would do this herself.

Finally, in response to question six, Mrs. L. was named as doing the most reprimanding by all family members except A who named her father instead.

In completing the structured task at the end of the interview, the fault attributed to father by T was that he is "too strict." Mrs. L.'s main fault, according to her husband, was that she is "too emotional or high strung." Mrs. L. indicated that A's main fault is that she "must have her own way, by any means," and T's fault, attributed by A, was that he "lies to his friends" and "he only cares about himself."

The results of the analysis of the family members' responses given to the structured task, when asked, individually, to indicate, in each case, to whom the fault belonged, are recorded in Table 9 and in Figure 7.

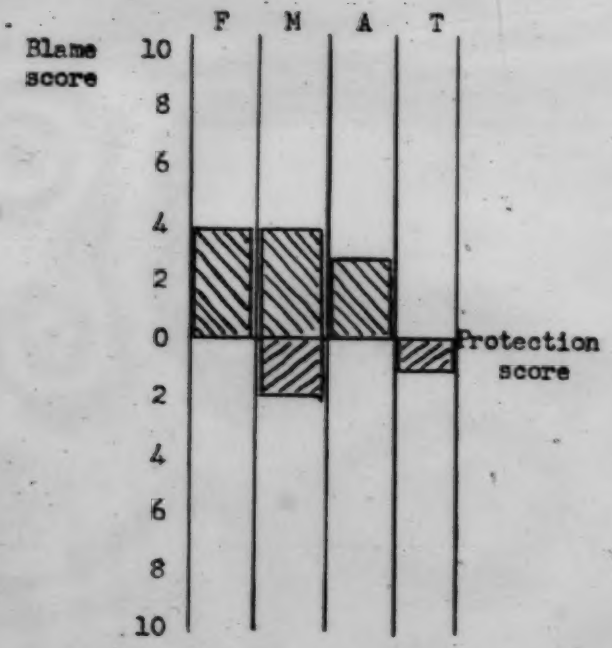
TABLE 9

POST-THERAPY I.F.I. BLAME AND PROTECTION SCORES

| Member | Blame score | Protection score |
|---|---|---|
| F | 4 | 0 |
| M | 4 | 2 |
| A | 3 | 0 |
| T | 0 | 1 |

FIGURE 7

POST-THERAPY I.F.I. BLAME AND PROTECTION SCORES




The degree of agreement of fault attribution in the L-family in completing the structured task of the Investigative Family Interview was agreement on nine of the twelve responses given, yielding a percentage of agreement of 75%.

An overall assessment of the responses given to the various questions and the results of the blame-protection task, suggested that in the L-family the parents were affiliated in their parental role and that T had a normal sibling relationship with both parents. The greatest conflict in the family occurred between A and her father and typically resulted from Mr. L.'s self assertion as A's parent, a fact that A was not yet prepared to accept. Conflicts were also reported between Mrs. L. and A but, according to the family's perceptions, a

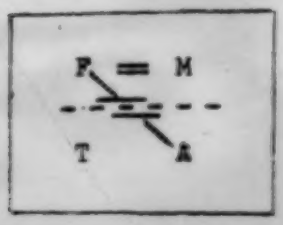
greater degree of understanding and acceptance was involved in the mother-daughter relationship. Nevertheless, both Mr. and Mrs. L. supported each other as parents and both were reportedly involved in attempting to resolve family problems, particularly those which involved A.

According to the responses given, during the interview, the siblings, A and T, were excluded from situations that were, typically, of parental concern. T tended to exclude himself by going to his room, or going out, or, simply, by ignoring the situation, responses that are typical of siblings in a normal family. A's exclusion from the family was more general and was often a product of, as well as a prelude to, many conflicts with her parents. She was reportedly excluded by her parents, particularly her father, from involving herself in the parental relationship and in the decisions which the parents were making with respect to their relationship as a couple, and, as a result, she tended to stay away from the family in order to associate with friends which her parents did not approve of, in an apparent attempt to "punish" them. Thus, while the boundary between the subsystems was described as being considerably more clear than before the therapy, A continued to attempt to affect her parents relationship by giving them much cause for parental concern. However, since father, mother, and A all received similar blame scores, and, since no one in the family was significantly protected from blame, there was no identified family "scapegoat."

The hypothetical family structure, as described above, and derived from the analysis of the family members' responses to the questions and structured task of the post-therapy administration of the Investigative Family Interview, is summarized in the tentative family map shown in Figure 8.

FIGURE 8

TENTATIVE FAMILY MAP BASED ON POST-THERAPY I.F.I. RESULTS




KEY: = affiliation
-//- conflict
- - - - clear boundary

## Relating Therapy With Family Change: A Summary of the Outcome of Therapy

Throughout this chapter, the information obtained from the variety of methodologies utilized in the study to determine certain variables related to the family's structure and interaction patterns has been presented. In this section of the chapter, the information obtained is summarized in order to relate the application of the various therapeutic strategies to the measured changes in the family structure and patterns of interaction.

Following the intake interview with the L-family, the members of the Westfield Day Program staff who conducted the interview, tentatively identified two long term therapeutic goals, namely, to help the

parents become more consistent and effective in parenting their children, and, secondly, to break up the apparent cross-generational coalitions in the family. The specific therapeutic strategies proposed to meet these goals have been discussed earlier in this chapter, and included active listening, questioning the family members, focussing on and prescribing the symptom, as well as assigning tasks, manipulating moods, and reframing symptomatic behaviors. The methodologies designed for use in the case study with the L-family in order to identify the therapeutic interventions employed during the nine therapy sessions indicated that each of the above techniques was utilized by the therapist at least once during the therapy, and some where used frequently. The question that is addressed in this section of the chapter is, what were the effects of these therapeutic maneuvers in producing change in the direction of the long term therapeutic goals identified for the L-family?

The Investigative Family Interview: Pre- and Post-therapy Results

The dyadic relationship scores, exclusion scores, role attribution scores and blame-protection scores for the two administrations of the structured interview and task are presented, for comparison, in Tables 10, 11, 12, and 13 below.

TABLE 10

COMPARISON OF PRE- AND POST-THERAPY DYADIC RELATIONSHIP SCORES

| Family Dyads | Dyadic Relationship Scores | | Change |
|---|---|---|---|
| | Pre-therapy | Post-therapy | |
| F-M | +1 | +5 | +4 |
| F-A | -4.5 | -10 | -5.5 |
| F-T | +6 | +6 | 0 |
| M-A | +3 | -3 | -6 |
| M-T | -4 | +4 | +8 |
| A-T | +2 | +2 | 0 |

TABLE 11

COMPARISON OF PRE- AND POST-THERAPY EXCLUSION SCORES

| Member | Pre-therapy Score | Post-therapy Score | Change |
|---|---|---|---|
| F | 8 | 1 | -7 |
| M | 0 | 0 | 0 |
| A | 6 | 8 | +2 |
| T | 6 | 8 | +2 |

TABLE 12

COMPARISON OF PRE- AND POST-THERAPY ROLE ATTRIBUTION SCORES

| Member | Pre-therapy score (without question 6) | Post-therapy score (without #6) | (with #6) | Change |
|---|---|---|---|---|
| F | +2 | +9 | (+8) | +7 |
| M | +6 | +9 | (+6) | +3 |
| A | 0 | -2 | (-2) | -2 |
| T | +3 | 0 | ( 0) | -3 |

TABLE 13

COMPARISON OF PRE- AND POST-THERAPY BLAME-PROTECTION SCORES

| Member | Blame Scores | | Change | Protection Scores | | Change |
|---|---|---|---|---|---|---|
| | pre-therapy | post-therapy | | pre-therapy | post-therapy | |
| F | 3 | 4 | +1 | 0 | 0 | 0 |
| M | 2 | 4 | +2 | 3 | 2 | -1 |
| A | 7 | 3 | -4 | 0 | 0 | 0 |
| T | 2 | 0 | -2 | 3 | 1 | -2 |

These data indicate that the father-mother relationship has changed in the direction of increased affiliation. The responses given by the siblings, A and T, also suggested that the parents expressed their disagreements more openly after the therapy than was previously the case. The father-daughter relationship, on the other hand, was characterized following the therapy by more open conflicts and more parental assertiveness which A reportedly rejected, leading to further conflict. Change was also noted in the mother-daughter dyad, from a relationship marked by conflict as well as cross-generational coalition against father, before therapy, to one of a more normal mother-daughter affiliation together with conflict because of the mother's support for her husband in his conflicts with A. Also, considerably more affiliation was indicated in the mother-son relationship following therapy. However, no change was indicated by the family members' responses during the post-therapy interview with respect to the relationship between Mr. L. and T, and in the sibling relationship involving A and T, both of which were described as being affiliative relationships, as they were before therapy.

Certainly the increased affiliation between the parents is a change in the direction of the long term therapeutic goals for the L-family. The results of the post-therapy administration of the interview also suggest strongly that the cross-generational coalition between Mrs. L. and A had been changed to a more normal mother-daughter affiliation, with some conflict as Mr. L. had begun to take on a more meaningful

parental role and was supported in doing so by Mrs. L. These changes too are in the direction of the long term therapeutic goals identified for the L's.

The results of the calculation of exclusion scores, with a high score indicative of greater exclusion or individuation from the family and a low score suggestive of more involvement in family interactions, indicated that, following the therapy sessions, father was far less peripheral to the family than he was before therapy, whereas the siblings, A and T, were somewhat less involved in family affairs, or were at least less often at home than previously. The post-therapy exclusion scores suggested that both parents were significantly and relatively equally involved in the family and in the home, whereas A and T, with exclusion scores of 8, both spend comparatively little time at home, preferring the company of their peers, as may be expected of individuating adolescents. Thus, the exclusion scores, like the dyadic relationship scores, suggest a change in the parental relationship towards more affiliation or sharing of parental responsibilities, and a relatively normal process of sibling individuation, both in agreement with the goals of the therapy with the L-family.

The role attribution scores indicate that, following the nine therapy sessions, both parents were seen by their children as well as by themselves, as fulfilling positive roles in the family, a significant change, particularly for Mr. L. The roles which contributed to the positive role attributions for the parents, which included the identifi-

cation of being helpful when a family member was upset, and being involved in attempts to resolve difficulties in the family, were apparently not being assumed by either A or T, indicating again, a possible reduction in the degree to which the siblings had previously been involved in these, largely, parental functions. Thus, the changes indicated by the role attribution scores, which suggested clarification of the boundary between the parental and sibling subsystems, as well as a more equitable sharing of the parental role by both parents, were in the direction of the changes that were proposed for the L-family by the therapists following the initial intake interview.

Following the therapy sessions, the L-family reduced the degree to which they tended to blame A, and apparently, did not choose an alternate family member to act as the family scapegoat. There was also a slight decrease in the family's tendency to protect T from blame. Thus, both parents were blamed slightly more often, and the siblings, particularly A, somewhat less often, although none of these changes was statistically significant, using a Chi square test ($p > .20$).

The family's tendency to protect members from blame was insignificant both before therapy and after the therapy, but the changes noted in the blame scores, with an increase in blame for the parents and a corresponding decrease in the blaming of the siblings, was, again, indicative of a change in the boundary between the subsystems, a change which was in the direction of the therapeutic goals.

The changes in the family structure, as measured by the Investi-

gative Family Interview, were summarized by the family maps drawn after each administration of the interview and these maps illustrate, in particular, the greater clarity of the subsystem boundary and the more open, affiliative parental relationship. These family maps are illustrated in Figure 9.

FIGURE 9

PRE- AND POST-THERAPY FAMILY MAPS

Dyadic Relationship Scores

The dyadic relationship structure was assessed by the Investigative Family Interview before and after the therapy, and by the raters following their observation of each of the nine videotaped therapy sessions. The results of these two assessments are summarized in Table 14.

Although the magnitude of the scores obtained from the Investigative Family Interview was greater than the scores obtained by the raters using the Observer Checklists, the direction of the changes in the dyadic relationships as measured by the two methodologies was in general agreement.

For example, the Investigative Family Interview data indicated a

TABLE 14

COMPARISON OF DYADIC RELATIONSHIP SCORES -

BEFORE, DURING, AND AFTER THERAPY

| Dyads | Pre-ther. I.F.I. | Session Number 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Post-ther. I.F.I. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| F-M | +1 | -1/2 | -1/2 | -1/2 | -1/2 | -1/2 | -1 1/2 | +1 1/2 | +1 1/2 | +1 | +5 |
| F-A | -4.5 | -1/2 | -1 | -1/2 | +1 | +1 | -1 1/2 | -1 | -1 1/2 | -1/2 | -10 |
| F-T | +6 | -1/2 | -1 | -1/2 | n/a | +1 | -1 | n/a | +1 | -1/2 | +6 |
| M-A | +3 | -3 | +1 1/2 | 0 | +1 | +1 | +1 1/2 | -3 | -1 1/2 | +1 | -3 |
| M-T | -4 | +1 | n/a | -1 | n/a | +1 | -1 1/2 | n/a | n/a | -1 | +4 |
| A-T | +2 | -3 | n/a | -3 | -1/2 | +1 | -2 | n/a | -3 | -1 | +2 |

positive change towards greater affiliation between the parents with a change in the parental dyadic relationship scores from +1 to +5. Similarly, the dyadic relationship scores obtained from the Observer Checklists for the parental dyad indicated that an increase in affiliation occurred during session seven, coinciding with the therapeutic attempts to strengthen the parental boundary by removing A from her enmeshment in the parental subsystem.

The structured interview results also suggested a more negative, conflictual relationship between Mr. L. and A, and the observers assessed a similar decline in the F-A dyad particularly in sessions six and eight, following a more affiliative relationship during the fourth and fifth "joining" sessions.

The mother-daughter dyad was also scored as having become more negative and openly conflictual, in agreement with the observer's data which indicated that mother and daughter were quite affiliative and aligned at times during sessions two through six, but became more negatively involved in exclusion and negative overinvolvements during sessions seven and eight when the therapist helped the parents prevent A from interfering in the parental relationship and thus separated A from her mother.

Although the mother-son dyad was scored on the Investigative Family Interview administered after the nine therapy sessions as having become considerably more affiliative and positive, this change was not observed by the raters during their observations of the video-

taped therapy sessions, although during most of the sessions there were so few interactions between Mrs. L. and T that this dyad could not adequately be assessed. The same holds for the assessment of the father-son dyad which was scored as not changing but remaining very strongly affiliative by the structured interviews and, by the observers of the nine therapy sessions, as alternating between exclusion and affiliation from one session to another.

The results of the Investigative Family Interviews suggested that the sibling relationship between A and T remained affiliative throughout the therapy period. However, the raters, who observed a variety of interactions between A and T, generally assessed this dyad negatively because of the frequent conflicts between them. Thus, for the A-T dyad, the interview data and the rater's assessments were not in agreement. One possible explanation for this discrepancy may be that, during the structured interview, the family members generally protected T from criticism and thus may have given a more positive impression of T's involvement in the family at the expense, perhaps, of A, who may also have been somewhat misrepresented but in a more negative way.

In general, it appeared from the pattern of change in the dyadic relationship scores, that family structural change occurred only after the important joining sessions, and particularly during and following session seven, when the major therapeutic strategies were designed to strengthen the parental affiliation as parents and to remove A from her

enmeshment in the parental relationship by consistently blocking A's attempts to distract and disrupt the parental affiliation.

Other Measures of Family Change

Because the data on the changing transactional patterns, boundaries, symmetrical and complementary interactions, and degree of participation in each session have been described earlier in this chapter, only a brief summary is presented here.

The most significant changes in the patterns of family conflict were observed in sessions six and eight when A's conflict with her mother and with T was no longer detoured by Mr. L. as had been the case in some of the earlier sessions, notably sessions one and three. In sessions six and eight, Mr. L. joined with and supported his wife in her arguments with A and also directly involved himself in conflicts with A by asserting himself as A's parent.

Similarly, in exclusion transactions, whereas Mr. L. had previously excluded all other members, by ignoring them, or changing the topic of their discussion, or by interrupting and speaking for them, in order to detour conflicts, he later, in sessions six through nine, together with Mrs. L., excluded only A in her attempts to remain triangulated in the parental dyad. The coalition between Mrs. L. and A also weakened, particularly during the seventh session, and was replaced by an affiliation between mother and father.

Again, as was the case with the changes in the family's dyadic relationships and in the members' perceptions of the family structure

as measured by the Investigative Family Interview and by the raters who observed the therapy sessions, the seventh session appeared to be the session during which the most significant changes in the family's transactional patterns occurred, in the direction of the therapeutic strategies employed during and preceding session seven. It is equally important to note that, while some therapeutic attempts were made to increase the parental affiliation and to strengthen the parental boundary during the earlier sessions, these efforts did not produce measurable changes until later, in sessions seven through nine, which of course, followed the crucial joining sessions, four and five.

With respect to the recorded boundary scores, the raters indicated by their assessments of the clarity of the subsystem boundary in the various sessions, that the boundary was clarified primarily during the seventh, eighth, and ninth sessions, corresponding to the other family structure changes noted above.

The patterns of symmetry and complementary of the speeches made during the therapy sessions by the family members, also suggested that change in the family interactions occurred during and following the fourth and fifth sessions. In the earlier sessions, while A and Mrs. L. escalated in symmetrical conflict, Mr. L. engaged in complementary competition to gain control of the interactions and, thus, to detour the conflicts. The fourth and fifth sessions were, by way of contrast, characterized by stable, affiliative family symmetry (joining), and later, during sessions six, seven, and nine, the inter-

actions of the parental dyad changed to a stable, affiliative symmetry, while A's interactions indicated the attempt to escalate towards symmetrical conflict, with her parents in particular.

Finally, although the degree of participation of the various members fluctuated from session to session, and, in some cases, changed during a particular session, depending on the content and/or mood of the discussion, no particular pattern of change in the members' participations was discovered. The therapy did not appear to make any significant changes, either to increase the involvement of T, or to decrease the participation of any other member. Of course, such changes were not among the goals identified for the therapy with the L-family.

Therefore, overall, it appeared that, while various therapeutic strategies were employed in the first three sessions, including the reframing of A's symptomatic behavior, prescribing the symptomatic behavior, and strengthening and clarifying the parental relationship, none produced any significant change in those variables of the family structure and communication patterns which were measured in the study. In fact, the therapeutic interventions employed during the first three sessions were rather strongly rejected and resisted by the family members, particularly by A and her mother. However, following the therapeutic joining and accommodation which was accomplished during the fourth and fifth sessions, the strategies employed by the therapist to strengthen the family subsystem boundary by blocking A's transactions

designed to re-involve herself in the parental relationship, and by encouraging the parents to address and strengthen their relationship as parents by means of affiliative, symmetrical interactions, as well as by helping the family members to express feelings of caring and appreciation and thus, to experience appropriate closeness as family members, these strategies appeared to produce change in the family structure and interaction patterns. The changes, which were first observed during session six, were strongly encouraged therapeutically in session seven, and were also observed and recorded during session eight and nine, even though the content of the discussions varied considerably during these last four sessions. Thus, the L-family did change over the course of the therapy in which they participated and these changes were in the direction of the long term therapeutic goals originally stated after the initial intake interview.

# CHAPTER V

# DISCUSSION

The purpose of this, the final chapter, is to respond to the questions arising from the literature review on which the study was based, to evaluate the study in terms of its goals, and to make some suggestions for further research.

## Questions Arising From the Literature Review

1. Can a structured, circularity interview be designed which allows the therapist (or researcher) to (a) question the family members' perceptions of the family relationships and the degree and nature of their involvement in typical family interactions, and (b) measure the amount and direction of scapegoating (blaming) and protection in the family?

The concept of circularity, whereby the family members' perceptions of family relationships and responses to the symptomatology of one of its members may be questioned, has been described by Selvini-Palazzoli, Boscolo, Cecchin, and Prata (1980), and this study, on the basis of the circularity concept, required the development of such an interview in which a series of six questions was asked of each family member in a structured format. Following Selvini-Palazzoli et al. (1980) methodology, each question was asked of each member in turn, but each member was asked to comment on the relationships between and the characteristic behaviors of other family members rather

than those which involved him or herself. Also, the family members were asked to provide information about specific interactive behaviors and differences in behaviors rather than attempting to describe other members' feelings or motives. Similarly, in accordance with the criteria for the circularity interview (Selvini-Palazzoli, et al., 1980), the family members were encouraged to rank order the other members in terms of their responses to specific interactive behaviors and to make predictions about other members' responses to hypothetical situations. All of these questioning techniques were designed to provide information to the therapist and researcher about the family's general response to the symptom which the members have brought to the therapist and, in particular, the nature of the relationship between the family members and the degree to, and the way in which each member is involved in those family interactions which maintain the symptomatic behavior of the family's identified patient.

Secondly, the measurement of family scapegoating and protecting tendencies was conducted by employing the methodology described by Watzlawick, Beavin, Sikorski, and Mecia (1977). The structured task was conducted following the family members' responses to the six questions of the Investigative Family Interview and required the members to complete a paper and pencil task in which they indicated what they each perceived as the main fault of the person sitting to their left. Subsequently, these written fault statements were collected and read aloud by the interviewer. The family members then indicated the

person to whom the fault most applied. From these responses, blame and protection scores for each member were obtained. These scores too, suggested to the researcher and therapist another method whereby the family maintained its symptomatology by scapegoating a member. This information, together with that obtained from the family's responses to the circularity interview questions, was useful to the therapist and researcher in hypothesizing about family relationships and the ways in which family members perceive each other.

Thus, in response to the first question arising from the literature review, in the present study, a methodology has been developed whereby, in a circularity interview and structured task, the family members' perceptions of relationships, involvement in family interactions, scapegoating, and protection in the family may be measured.

2. To what extent can such a structured interview help the therapist form hypotheses about the nature of the relationships in each dyad of the family, the family rules for coalition, over-involvement (positive and negative), conflict, and exclusion or detouring, and the function of the symptom in the family system?

In the first place, the therapist and/or researcher derived a variety of subjective impressions about the family system, its relationships, rules, and interaction patterns, on the basis of the content of the responses given by the family members to the questions of the circularity interview. In order to provide a more objective analysis of the nature of the family relationships, the family's rules for coalition,

overinvolvement, conflict, and exclusion, and the function of the symptom in the family system, each question was categorized as to which transaction type its responses would provide information about and whether the response was indicative of a positive or a negative role in the family system. Subsequently, the responses that were given were converted into scores and the dyadic relationships summarized by using a relationship symbol taken from Minuchin (1974). Thus the responses given to question one of the Investigative Family Interview, which queried the family members about the nature of the various dyadic relationships, provided data for the dyadic relationship scores and symbols while the answers given to the second question provided data for the negative role attribution of conflict to certain dyads, as well as the more positive, affiliative roles in the family attributed to other dyads. The responses to the third question were also used in attributing positive roles to those family members named and provided information about affiliative dyadic relationships in the family. The fourth question was used to indicate the degree of individual members' involvement in the family interactions as opposed to their separation from the family interactions, and, thus, yielded an exclusion score for each member. Question five responses also contributed data for the exclusion scores and the negative role attribution scores for certain family members, as well as the positive role attribution scores for other members and, finally, question six yielded data used in calculating the dyadic relationship score by contributing information about

negative overinvolvements in the family and, thus, also contributed to the negative role attribution scores.

On the basis of the summation of the scores for coalition, overinvolvement (positive and negative), conflict, and exclusion, for each dyad in the family, a cumulative dyadic relationship score was obtained. While the cumulative dyadic relationship score could not be interpreted as an indication of relative health or pathology, it did provide a means of comparing the various dyads. Some dyads, for example, obtained a negative dyadic relationship score suggesting that such dyads were characterized more by conflict, negative overinvolvement, and/or coalition which were more typical of the dyads with a positive dyadic relationship score.

However, caution must be used in interpreting and in developing hypotheses about the various scores obtained since a high, positive score (obtained perhaps by frequent descriptions of a particular dyad as a coalition), may be as pathological in the family system as a low negative score, indicative of a relationship marked by frequent conflicts, or reprimands and scapegoating. Therefore, while the dyadic relationship scores did provide, in this study, a more objective means of comparing family relationships than the subjective impressions obtained from an overview of the responses given to the questions used in the circularity interview, the hypotheses derived from the responses given by the family members must be based on a combination of the scores and the content of the responses on which the scores were based.

It is imperative that the therapist determine the various components of the dyadic relationship score to note, for example, that a dyadic relationship, while negative overall, is described more in terms of conflicts or in terms of exclusions, for, while both transactions contribute to the negative score, the nature of a relationship in conflict is very different from one in which the two members avoid and exclude one another. Similarly, for positive relationship scores, a relationship described primarily in terms of coalitions is quite distinct from one in which, though also positive, the members are generally affiliative. Finally, as a further example of the importance of determining the basis of a positive or a negative dyadic relationship score, a relationship score may be positive in that it was described by a number of members as one of affiliation and coalition, while, at the same time, other members described the dyad in negative terms, including conflict and negative overinvolvements in their assessments. Such a dyad may receive a positive relationship score even though a number of negative transactions occurred between the members of the dyad. Thus, the hypotheses about family relationships derived from the family members' responses to the questions of the circularity interview must be based on a thorough analysis of the content of all the responses given as well as the derived cumulative dyadic relationship scores.

Care must also be exercised in the interpretation of the significance and meaning of the exclusion scores and the positive and negative role attribution scores. The exclusion score, for example, based on

the responses given to two of the six questions of the Investigative Family Interview, while it did indicate the relative amounts of time which each family member spent at home, and, by extension, the degree to which the members were able to participate in family interactions at home, must be interpreted differently for different members. A high exclusion score for one of the parents and a very low exclusion score for the other parent (as was the case for Mr. and Mrs. L. before the therapy program began), may suggest some disengagement or potentially pathological separation between the parents while a similarly high exclusion score for a teenage son or daughter (as was the case for A in the L-family following therapy), may indicate a normal process of individuation. Conversely, a low exclusion score for the teenage sibling may characterize an adolescent who is overinvolved, and, possibly enmeshed in the parental relationship. Thus, the age of the member as well as a number of additional characteristics of the family situation, must be taken into account in interpreting and in developing hypotheses about the family on the basis of the exclusion scores.

Finally, the blame and protection scores, derived from the family members' fault attributions, also provided useful information for the therapist about the family relationships and revealed some of the family rules which maintain the identified patient in the role of carrying the family symptoms, thereby maintaining the family's pathology. Again, the scores obtained offer a relative measure of scape-

goating and protection tendencies, useful for comparing the degree to which each member received both blame and protection, but the score cannot be used as a definite measure of family pathology or health. Thus, a person whose blame score was greater than the mean of the scores of all other members may be considered the family scapegoat (Watzlawick, Beavin, Sikorski, & Mecia, 1977) and a member whose protection score was greater than the mean of the other members' scores may be considered the protected family member.

In summary, while the content of the responses given by the family members provided useful information for the therapist, these responses were also summarized in the form of scores so that the therapist's hypotheses were based on a combination of the objective comparison of the various members' scores and the more subjective assessment of the content of the members' responses. In this way, the nature of each of the family's dyadic relationships, the degree to which and, therefore, the rules for each member's involvement in coalitions, positive and negative overinvolvements, conflicts, and exclusions was determined. The blame and protection scores provided additional information about the family's identification of a family scapegoat as one of its means of maintaining its present dysfunctional homeostasis. For all of these analyses, which formed the basis of the therapist's tentative hypotheses about the family structure, the circularity interview and structured task methodologies were shown to be useful. Also, in the case study with the L-family, the methodo-

logies employed in the interview and the resultant data obtained were found to be useful in measuring changes in the family's dyadic relationships, transactional patterns, and degree of scapegoating and protection and thus were found to be useful methodologies for determing the outcome of therapy with the family.

3. How can such hypotheses be summarized in order to give a clear, although tentative picture of the family structure with respect to the subsystem boundaries and the nature of the dyadic relationships between the various family members?

Minuchin (1974) points out that, as the therapist makes observations of and poses questions to the family, listens to the transactions in the family and observes the family boundary, he is in the process of forming a family map. The family map is a way of organizing the therapist's observations and hypotheses. Although a map is static while a family is in constant motion, and the map cannot, therefore, represent the full richness of the family's transactional patterns, it is nevertheless a powerful simplification device (Minuchin, 1974). The map allows the therapist to see, in a generalized form, the areas which are apparently functioning well in the family, and the areas that may be dysfunctional. The map thus helps the therapist determine, tentatively at least, the therapeutic goals for the family.

In this study, a tentative family map was drawn on the basis of the family's responses to the questions of the interview, the various scores obtained from these responses, and the researcher's ability to

integrate these data. The drawing of the map utilized the various symbols proposed by Minuchin (1974) as means of demonstrating, visually, the degree of clarity of the subsystem boundary, and the nature of the dyadic relationships between the family members. Although the family map was but a tentative summary of the areas of function and dysfunction in the family, it was found, in discussions with the therapy staff of the Westfield Day Program to provide a useful and clear analysis of the family, from which further hypotheses could be formulated and from which some therapeutic goals for the family could be derived. From time to time, as the therapist gained more information about and insight into the family's functioning and pathology, the map, together with the hypotheses about the family structure, must be revised and new therapeutic goals and strategies planned.

In the case study with the L-family, the family map produced on the basis of the pre-therapy administration of the Investigative Family Interview was shown to be a valid means of representing the structure of the L-family for the therapist and other staff members of the Westfield Day Program who were working with A and/or A's family. The hypotheses derived from the interview and summarized by the family map, were in general agreement with those of the interviewers who met with the L-family in the initial intake interview and were also in agreement with the analyses of the family's transactional patterns, dyadic relationships, and subsystem boundary clarity made by the two raters who, later, viewed the family in nine therapy sessions. Finally,

the family maps, the first one drawn before and the other drawn after the sessions had been completed, on the basis of the data provided by the pre- and post-therapy administrations of the circularity interview and structured task, demonstrated visually a summary of the changes which took place in the family over the course of the nine therapy sessions. Thus, in conclusion, and in agreement with Minuchin (1974), the family map was shown to be a powerful method of representing the family structure and functioning, useful for the therapist in planning therapeutic strategies, and to the researcher in measuring some general patterns of change in the family as a result of therapy.

4. In what way can the family's transactional patterns of coalition, overinvolvement (positive and negative), conflict and exclusion (detouring), the family relationships, subsystem boundaries, the symmetry and complementarity of the members' transactions, and the degree of participation of each family member be monitored during each family therapy session in which the family participates?

The study used two methodologies for evaluating the family's transactions during the therapy sessions; one in which two raters observed a videotape recording of each session and recorded their observations on a prepared Observer Checklist, a form which defined the various transaction types, and secondly, by assessing the content of the members' speeches in sequence, as the speeches had been recorded in summary form from the videotape recording of the session.

In the latter case, a form for the Analysis of the Therapeutic Process and Family Change was used. In both cases, the rater(s) recorded specific instances during the sessions when family members engaged in transactions which could be identified according to Minuchin's (1974) definitions of coalitions, overinvolvements, conflicts, and exclusions (detouring). It was found that the two methodologies produced nearly identical results. Thus, it was concluded that the analysis of the written tapescript summary was as useful a means of identifying the L-family's transactional patterns as was the method in which the session videotape recording was assessed directly, and, in fact, the assessment of the written summary of the session had the distinct advantage of providing the transactions in the sequence in which they occurred and the proximity of one transaction type to another, neither of which was obtained from the Observer Checklists. However, with both methodologies, there were instances when it was difficult to determine whether a transaction should be recorded as a coalition or a positive overinvolvement and, in other instances, as a conflict or a negative overinvolvement, and in still other cases, whether a transaction should be recorded at all as an example of one of the transaction types either because it didn't quite fit the definition of any one transaction type very well, or because it involved but a small and perhaps insignificant sequence of speeches which did not appear to affect the family discussion. Thus, the recording of family transaction patterns, whether from the observed videotaped sessions or from the written

tapescript summaries of the sessions, required a considerable amount of subjective judgement on the part of the rater(s). Nevertheless, in spite of the obvious subjectivity of the analysis, the inter-rater reliabilities were sufficiently high (.84 to .94) to suggest that the two raters and the two methods employed very similar criteria in measuring the L-family's transactional patterns from one session to another.

In order to summarize the rater's assessments of family transactions during a therapy session, a transaction score was calculated and these session transaction scores for the nine therapy sessions with the L-family were compared, along with an overview of the predominant types of transactions during each session and the members involved, in order to determine changes in the family transactional patterns over the course of the therapy. The methodology, when applied to the L-family therapy sessions, proved to be a useful method of monitoring the transactions and thereby, of determining some aspects of family change as a result of therapy.

Using similarly subjective evaluations, the raters assessed each of the L-family's dyadic relationships and the clarity of the family's subsystem boundary on the basis of their observations of each family therapy session. Since these evaluations were also converted to scores--the dyadic relationship score and the boundary score--comparisons were possible from one session to another and thus, a means whereby changes in family relationships and in the clarity of the boundary was

devised and used in the L-family case study. The results with the L-family indicate that, in general, the changes in the family relationships, indicated by the changes in the raters' assessments in each session, were in the same direction as the changes in the dyadic relationships found by the pre- and post-therapy administrations of the Investigative Family Interview, suggesting that the two methodologies, in general, reliably measured the same characteristics of the dyadic relationships in the L-family. Also, with respect to the boundary scores assessed by the raters for each session, a pattern of change was found which was in the same direction as the changes found in the family's transactional patterns and dyadic relationships.

Of particular interest was the calculation of the correlation between the session transaction scores and the boundary scores. In the case of the L-family, the first six sessions produced a strong negative correlation, suggesting that as the family engaged in more negative transactions (arguing with, reprimanding, and avoiding each other), the boundary was scored as being more enmeshed or diffuse, whereas, later, in the last three sessions, the correlation was moderately positive, indicating a significant change. In these latter three sessions, enmeshment no longer coincided with family conflict, exclusions, or negative overinvolvements, or, in other words, the family members could engage in conflicts etc. without a cross-generational coalition occurring. Therefore, in the L-family case study, the determination of the boundary scores was also shown to provide useful information

about the L-family which added to the conceptualization of the family's changing structure.

The methodology whereby the symmetry and complementarity of the family members' (and the therapist's) speeches were monitored was adapted from the methods described by Sluzki and Beavin (1977). A complete tapescript summary of each sessions speeches was prepared and each speech then classified as either a declaritive, interrogative, or imperative statement, a negation, or an agreement. Later, the speeches, in pairs, were classified as being either symmetrical or complementary and, if complementary, as either one up or one down with respect to the other member of the pair. Subsequently, the proportion of speeches which were symmetrical and the proportion of complementary speeches was determined for each session and for each segment of each session. As well, the number of symmetrical and complementary speeches for each dyad was calculated. Thus, the overall interaction pattern for the L-family was determined, and changes in the pattern noted, from session to session in general and from one segment of a session to another, as the content and/or affect of the discussion changed. The determination of changes in the patterns of symmetry and complementarity of speeches from one therapy session to another and within each session, provided yet another method for measuring change in the family system as the family participated in therapy, particularly when the analysis of the speeches included the content of the speeches. This was necessary in order to note, for

example, whether an increase in symmetrical speeches between two members was due to an escalating symmetrical conflict, or to a stable symmetrical affiliation. Similarly, the content of the speeches was used by the researcher to determine if an increase in complementary speeches was due to a "complementary competition to one up," to use Sluzki and Beavin's (1977) terminology, or to a complementary pattern of speech in which one member was supported by another.

The patterns of change noted in the symmetry and complementarity of the L-family speeches were interpreted in the case study as being indicative of the same kinds of family changes as were indicated by the measurement of the family's dyadic relationships, transactional patterns, and family subsystem boundary, all of which, in summary, indicated a greater degree of symmetrical affiliation between the parents, a decrease in the symmetrical coalition and conflict between Mrs. L. and her daughter A, and an increase in the complementary reprimands and symmetrical conflicts between Mr. L. and A which resulted in the clarification of the previously enmeshed L-family boundary.

In summary, although the method developed by Sluzki and Beavin (1977) and utilized in this study for the analysis of the symmetry and complementarity of the speeches during the nine therapy sessions was very tedious, it proved to be another useful method of monitoring changes in the family system, in particular, changes in the family's patterns of interaction.

Aston and Dobson's (1972) methodology for determining the degree of each member's participation in the session and in each segment of the session was used to calculate participation scores for each member and the therapist. The methodology used required very little subjective interpretation other than, on occasion, when a decision was to be made as to whether a member was simply continuing his or her previously interrupted speech, or was, in fact, initiating a new speech. This decision made, the researcher then counted the frequency of each member's speeches and calculated these as a percentage of the total number of speeches made during the session and during each segment of the session.

Thus, the L-family members' participation scores for each session were compared numerically and graphically and, although variations in the members' degrees of participation occurred, no consistent patterns appeared. Also the changes in members' participations did not coincide with the measured changes in the family's transactional patterns, relationships, boundaries, or the patterns of symmetrical and complementary interactions. Thus, it was concluded that the participation scores were not useful in the identification of family changes due to therapy, a conclusion which was not unexpected since increasing or decreasing individual member's degree of involvement in the sessions were not therapeutic goals, other than, occasionally, when T was put on the spot in order to obtain his insights and opinions about the family and about A's behavior thereby increasing his

otherwise low level of involvement in the session.

It may be stated, in conclusion, that useful methodologies were either developed for use in this study or obtained from other sources (Sluzki & Beavin, 1977; Aston & Dobson, 1972) in order to monitor the family's transactional patterns, the family relationships, subsystem boundaries, the symmetry and complementarity of the members' speeches, and the degree of the members' participations in the various therapy sessions. All of these methodologies but the determination of the participation scores provided information about the family which was useful to the therapist in modifying earlier hypotheses and in planning appropriate therapeutic strategies, and useful as a means of measuring family changes as a result of the therapeutic interventions employed in the family therapy sessions.

5. Can the specific probes and interventions employed by the therapist(s) during the therapy sessions be identified by raters from their observations of the videotape recordings of the family therapy sessions?

Depending on one's personal perspective of the many schools and techniques of psychotherapy, the methods by which one would classify or distinguish one therapeutic maneuver from another might vary considerably from one rater to another. Therefore, the categories of therapeutic interventions proposed by Minuchin (1974) were used in the study in order to ensure that both raters employed similar criteria in identifying the various therapeutic interventions used during the ob-

served therapy sessions. The raters disregarded those therapist involvements which were of relatively little consequence in terms of producing structural change in the family--the queries for clarification, the nods and verbal indications of agreement or understanding, and the probes designed to encourage the family to expand further or to explain something more fully--and attempted to record only those therapist involvements which were clearly designed to bring some change in the family's affect, thinking, and/or behaving with respect to the family's pathology. These interventions were then classified according to Minuchin's (1974) typology. Finally, the raters also determined, at the conclusion of their observation of the session, which intervention(s) were, in their individual estimations, the major therapeutic interventions for that session, either because they were used repeatedly or because they were the only type(s) identified for that session.

Using this methodology, with the observed L-family sessions, the raters were able to identify the major therapeutic interventions employed during each of the nine therapy sessions and, therefore, the methodology was demonstrably effective.

6. How may both the immediate as well as the longer term effects of the therapeutic interventions on the family transactions and structure be measured?

The form used by the raters to record their identifications of the therapeutic interventions also included space in which the immediate family responses to the interventions were recorded. Such responses

as avoidance by an immediate change in topic by one or more of the family members, a statement which indicated a member's agreement with or, conversely, negation of the therapist's intervention, a period of silence, confusion, embarrassment, or other possible family reactions, were recorded, if such a change was observed by the raters.

According to the raters who observed the L-family sessions there were few instances when such a definite, observable, immediate response occurred and, as a result, little information was obtained about family change on the basis of the members' immediate responses to the therapeutic interventions.

On the other hand, the study employed a variety of methodologies for measuring the longer term effects of the therapeutic strategies. The methodologies which were developed for use in this study to measure the family's dyadic relationships, transactional patterns, scapegoating and protection tendencies, before and after the therapy sessions using the circularity interview and structured task, and the methods devised for the assessment of family relationships, transactions, subsystem boundary, symmetrical and complementary interactions, and degree of member participation in the on-going therapy process, were all used as means of identifying long term family change as a result of therapy. Thus, in keeping with the purpose of the study, the methodologies used were employed as means of measuring the outcome of therapy, not by the more economical method of measuring some of the relatively simple, less inferential and more readily obtain-

able (but less relevant) data about the family, but by a much more tedious and, hopefully, more relevant method of gathering data about the complex richness of human interactions.

7. To what extent are the above methodologies useful in the analysis of the structure and the transactional patterns of the family of a juvenile delinquent in therapy and in relating the occurrence of specific therapeutic interventions as identified, with subsequent family system changes in the measured transactional patterns, relationships, boundaries, symmetrical and complementary communications, and degree of member participation?

In applying the various methodologies in the L-family case study, as has already been demonstrated, changes in the family's relationships, transactions, and blaming were measured by the circularity interview and structured family task and the changes so measured were summarized by means of the family maps drawn both before and after the nine therapy sessions. Also, changes in the L-family's dyadic relationships, transactions, boundaries, and interaction patterns were detected during some of the sessions and the sessions during which these changes occurred were identified so that the relation between the therapeutic interventions used during the various sessions and the family changes which occurred could be studied. Family changes during therapy were identified by means of the data collected by the raters using the Observer Checklist, the form for the

Analysis of the Therapeutic Interventions, and the tapescript summary analyses, which were later combined as the form for the Analysis of the Therapeutic Process and Family Change. The changes measured were systemic changes and, in general, were all in the same direction, or, in other words, were all of the same type. Equally important, the measured changes were in the direction of the therapeutic goals for the L-family and of the major therapeutic interventions, all of which attests to the validity of the various methodologies as means of measuring some aspects of family change as a result of therapy.

Because the methodologies employed in the study were relatively new, either prepared specifically for this study by the researcher or described by other writers but with little or no research data to support the methodology or to aid in the interpretation of the information obtained from its use, few comparisons can be made with other studies of the families of juvenile delinquents in therapy described in the literature. Using the structured interview technique which was incorporated in this study in the Investigative Family Interview, Watzlawick, Beavin, Sikorski, and Mecia (1977) found that, in a small number of delinquent families, the 'identified patient' was neither more protected nor more blamed than other family members, unlike the L-family before therapy when A was blamed considerably more often than the other members. After the nine therapy sessions however, the differences in the amounts of blaming and protection of the family members virtually disappeared. Conversely, and more similar to the

pre-therapy results of the structured interview used in this study, Gantham (1978) found that families of drug abusing and emotionally disturbed adolescents used considerably more scapegoating than did families with "normal" adolescents.

The study by Aston and Dobson (1972) in which they introduced the method of determining the degree of member participation in the session used in this study, found that in the families of "disturbed" school children, the father's participation scores were typically low, the mother's scores were high, and there were frequent pairings between the mothers and their "disturbed" children. Although no significant difference in the participation scores of the parents of the L-family was found, in the early sessions at least, Mrs. L. was paired with A quite frequently, either in conflict or in coalition, whereas in the later sessions, pairings between Mr. L. and A were more frequent.

Finally, in the study by Sluzki and Beavin (1977) in which the authors described the methodology for obtaining the symmetry and complementarity speech scores, it was found in a preliminary study with eight couples, that the parents with psychosomatically ill children exhibited markedly fixed symmetry, parents of psychotic children were "fluid" or mixed, and the parents of a more diverse group of neurotic children illustrated both symmetry and asymmetrical competition. The L-family, in general and the parents in particular, who exhibited predominantly symmetrical speech patterns, then, were more similar to parents of psychosomatically ill children in the Sluzki and Beavin (1977)

study. Sluzki and Beavin (1977) did not include parents of delinquent children in their preliminary study.

## Evaluation of the Study

Since the primary goal of the study was the development of methodologies for measuring family relationships, transactional patterns, and change and, subsequently, to apply these methodologies in a single case study, no substantive or generalizable findings about families with a juvenile delinquent member were obtained, although, as a result of the application of the methodologies to the L-family case study, some valuable insights about the family were obtained and used by the therapist working with the L's. Of more significance however, is the contribution which this study makes in providing a variety of potentially useful tools and methodologies for understanding some of the complexities of family functioning, family pathology, and systemic family change. The methodologies developed in this study utilize objective descriptions with probably more reliability than would be achieved by personal, subjective observations alone. Thus, the methodologies developed and used in this study offer a potentially useful means of classifying families on the basis of their specific patterns of interaction and a means of identifying and measuring family change, both of which are included among the goals of clinical family research proposed by Watzlawick and Weakland (1977).

The study also avoids some of the weaknesses of traditional outcome studies described by Watzlawick and Weakland (1977) as studies

which tend to measure the relatively insignificant and less relevant but more economical variables of family functioning such as defensiveness and supportiveness (Alexander, 1973), individual members' self worth (Iverson & Jurs, 1978), family attitudes (Hanneman, 1979), marital adjustment (Scovern, Buckstel, Kilmann, Laval, Busemeyer, & Smith, 1980), and the frequency and duration of simultaneous speech and silence (Parsons & Alexander, 1973). Rather, the methodologies employed in this study achieved the goal of identifying and measuring change in some of the rich complexities of family functioning such as the family transactional patterns, subsystem boundary clarity, scapegoating and protection tendencies, symmetry and complementarity of family interactions, and dyadic relationship patterns.

Another strength of the present study is that the more complex variables of family systemic functioning were measured not once, in a single, one hour interview or by the completion of a battery of tests, questionnaires or self report instruments, but rather, these variables were assessed by means of an on-going analysis of the family during the regularly scheduled, unrehearsed family therapy sessions, as well as by means of a structured circularity interview and task administered both before and after the seven month time period during which the family participated in therapy. Thus, even though a therapy session is a situation different from the family's normal home situation, and is therefore somewhat artificial, the probability that the family members will reveal relatively characteristic behavior patterns, especially after

they have become more accustomed to the therapy situation, is significantly greater than would be the case during a single interview or testing situation and may be as close as one can get to measuring the normal, on-going transactional patterns of a family. Jacob (1975) also argues in favor of the method of using observations and analyses of live (or videotaped) family interactions rather than using tests, questionnaires, or self report instruments.

In the present study, the observation and analysis of the videotaped family transactions during the therapy sessions was complemented by the pre- and post-therapy administrations of a structured interview, the results of which verified the data about family change obtained from the analyses of the therapy sessions. Therefore, the potential of such a structured interview and task, which has been demonstrated by a number of studies using a similar interview technique (Alexander, Barton, Schiavo, & Parsons, 1976; Blottcky, Tittler, Friedman, & DeCarlo, 1980; Ferriera & Winter, 1968; Gantham, 1978; Klees, 1979; Riskin & Faunce, 1977; and Thomas, Walter & O'Flaherty, 1974) was also utilized in this study together with the more extensive, longitudinal study of the family during its involvement in therapy over a seven month period of time.

The methodologies used in this study also overcome the criticism of Mintz (1971) who argued that raters tend to be more impressed with the level of adjustment reached at the end of therapy than by the amount of change that occurred in the clients they observed because, in this

study, no subjective, vague, overall judgements of the family's "level of adjustment" or degree of "improvement" after therapy were made by the raters. Instead, the relative amounts of change in a number of variables were measured by means of more objective descriptions and, in each case, a change indicated in one variable was compared with and verified by corresponding changes in other measured variables. Therefore, in applying the methodologies developed or adapted for use in this study, the conclusion that a change in the family's structure and/or functioning has occurred was based on the corresponding indications of such a change from a number of measured variables whereas more caution was exercised in drawing a conclusion about family change if the variables measured produced contradictory results.

A possible weakness of the study is that, because of the subjective nature of some of the evaluations made by the raters, particularly in deriving the dyadic relationship and boundary scores, after each session was observed, the inter-rater reliabilities in these cases was not high (.58 and .35 respectively). In spite of this, the overall analysis of these dyadic relationship and boundary scores from one session to another revealed patterns of change that were generally consistent with the changes indicated by the other assessments--of family transactions and of the patterns of symmetry and complementarity of the members' speeches--made during the session.

What may also be considered a weakness of the present study was the fact that the method of identifying the various therapeutic inter-

ventions used only one categorization of therapeutic strategies--that of Minuchin (1974)--whereas other researchers, with a different perspective on the methods of and approaches to psychotherapy, would undoubtedly classify the interventions of the therapist differently. It is important that, if the therapist is working with the family from a family systems perspective, the means used to identify the various interventions also follow a systemic approach, but whether the specific classification used is that of Minuchin or of another systems theorist, probably would matter very little since changing the family system is the goal of each school of family therapy. In this study, since the methods used to measure family functioning were based largely on Minuchin's structural family approach, the same perspective was used to evaluate the therapist's involvement and, in the case study with the L-family, this approach was shown to be useful in relating the therapeutic interventions with the family changes which occurred.

Finally, it is certainly true that, in order to use the various methodologies designed or adapted for use in this study, and to interpret the data obtained, the researcher and the raters must be well trained both in terms of their understanding of family systems theory, and in interpreting the family members' behavior from a systems point of view. This training, as well as a willingness to carry out some rather tedious, time consuming procedures, particularly in producing and evaluating the tapescript summaries of each therapy session, is made necessary however, in order to assess some of the more relevant but

more difficult to measure complexities of family functioning. It was also for this reason that a case study methodology was used, so that procedures for a more in depth and longitudinal analysis of one family were developed, rather than a more superficial study using a larger number of families.

In summary, the study achieved its purposes, namely, that a methodology was developed for identifying and evaluating the family interaction patterns by means of questioning the family members' perceptions of their relationships and rules for affiliation, coalition, overinvolvement, conflict, and exclusion, as well as scapegoating and protection of individual members, as aids in developing hypotheses about the structure of the family system. Secondly, methodologies were designed for monitoring the family's transactions, the symmetry and complementarity of the members' speeches, the clarity of the subsystem boundaries, and the degree of member involvement during the family's participation in therapy. In the third place, a method for identifying and classifying as to type, the various therapeutic interventions employed by the therapist during family therapy sessions was developed in order to determine the effects of specific intervention strategies on the family's transactional patterns, interactions, and relationships, both of a short term (first order change) nature, as well as the longer term (second order) systemic changes. Finally, the methodologies were employed in a case study analysis of one family with a delinquent member and the information obtained from the appli-

cation of these methodologies was useful for the therapist in generating hypotheses and planning therapeutic strategies, and in demonstrating family change as a measure of the outcome of the therapy process.

## Suggestions for Further Research

In order to provide support for the use of those methodologies designed for use in this study and further support for the methodologies which were adapted from other studies, it is important that the reliability and the validity of these methodologies, as means of measuring variables of family structure, communications, and change be determined. A useful means of assessing the reliability of the circularity interview and structured task, referred to in this study as the Investigative Family Interview, are studies employing several different raters, with similar training and instructions, who might analyse separately the responses given by different families in order to determine the degree of agreement between the raters' assessments and hypotheses about each of the families. The reliability of the methods used to analyse family transactions, relationships, boundaries, and to identify the types of therapeutic interventions used in therapy sessions might also be tested by using a number of different raters who would view each family therapy session separately. This would be an expansion of the present study in which the inter-rater reliabilities of the two raters was tested with, generally, encouraging results. Reliability studies, such as those recommended above, would permit the development of standardized procedures for scoring and interpreting

the scores obtained from both the Investigative Family Interview and the form for the Analysis of the Therapeutic Process and Family Change with the variety of methodologies required in the completion of this form.

In order to determine the criterion-related validity of the various methodologies, studies in which the data obtained about the outcome of therapy--by employing the methodologies used in this study--are correlated with such outcome measures as recidivism rates for families with a juvenile delinquent member, or rehospitalization rates for families with a schizophrenic or psychosomatically ill member, or school attendance, behavior, and performance records for the families of children with school related problems, would be of value. As well, the relationship between the changes in families as measured by the methodologies developed for this study and various other measures such as the family member's self esteem, the family's decision making ability, family communications skills, etc., which can be measured by respected, reliable and valid instruments, would also be of interest in attesting to the validity of the methodologies as measures of family change.

Of particular interest to Watzlawick and Weakland (1977) are studies which would provide a correlation of family interaction patterns with various clinical, diagnostic criteria, such as families with such pathological conditions as schizophrenia, delinquency, psychosomatic illness, etc. Applying some, or all of the methodologies utilized in the

present study to a large number of families with different pathological symptoms and to a number of "normal" or "healthy" families would demonstrate the usefulness (or lack thereof) of these methodologies in distinguishing one type of family dysfunction from others, and in distinguishing dysfunctional families from "healthy" families. The value of studies such as these cannot be overemphasized, particularly because of the potential of the methodologies used in this study for aiding the therapist in developing specific strategies for therapeutic change in dysfunctional families.

Finally, rather than attempting to lengthen the list of characteristics of juvenile delinquents which includes such variables as their socio-economic background, typical school behaviors, level of self esteem, peer associates, values, moral development, and the like, about which there is little general agreement, studies aimed at finding more information about the role of delinquent behaviors in the family system would be of interest and of potential value in aiding in the therapeutic treatment of such families. As was the case with the L-family, the discovery of the means by which the family of a juvenile delinquent maintains the identified patient's delinquent behavior would aid the therapist in planning appropriate strategies for intervening in the delinquent family system. Similarly, studies aimed at discovering the role of other forms of symptomatic behavior such as schizophrenia, psychosomatic illness, school truancy, runaway behavior, and the like, and the means by which these behaviors are maintained by the family

system, would be of considerable value in advancing the theory and practise of systemic family therapy.

The research studies suggested above would not only be useful in determining the validity and the applicability of the tools and techniques developed and used in the present study, but, more importantly, would add to the body of knowledge about family functioning and pathology and, as such, would advance both the theory of the family as a rule governed system, and the practise of family psychotherapy.

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# APPENDIX A

To Whom It May Concern,

The material included in the Appendices, pages 210 - 240 is <u>not</u> copywrighted material but has been designed by the author on the basis of the works/writings of others (Selvini-Palazzoli, Boscolo, Cecchin, and Prata, 1980 and Watzlawick and Weakland, 1977).

John Sweep

# INVESTIGATIVE FAMILY INTERVIEW

(Adapted from Selvini-Palozzoli et al, 1980, and Watzlawick et al, 1977)

FAMILY:_____. DATE:_____

MEMBERS PRESENT: F_____, M_____, S1_____,
S2_____, S3_____, S4_____, S5_____,
(others present)_____.

INTERVIEWER:_____. THERAPIST:_____.

A. CIRCULARITY INTERVIEW.

The family is seated in a circle, with the father to the interviewer's left, then the mother to his left, followed in succession by the children, from the oldest to the youngest. (Others who live with the family, if present, are also seated, after the parents, in order of age amongst the children.)

The questions are always asked of the father first, then the mother, and so on to the youngest child. All questions are asked of each family member.

The interview must be audio or video taped.

QUESTIONS:

1. "_____, how do you see the relationship between _____ and _____?"

(OR, alternatively) "_____, describe the way _____ and _____ get along."

| | | Symbol | (Response Given) |
|---|---|---|---|
| F: | M & S1 | | |
| | M & S2 | | |
| | M & S3 | | |
| | M & S4 | | |
| | M & S5 | | |
| | S1 & S2 | | |
| | S1 & S3 | | |
| | S1 & S4 | | |
| | S1 & S5 | | |
| | S2 & S3 | | |
| | S2 & S4 | | |
| | S2 & S5 | | |
| | S3 & S4 | | |
| | S3 & S5 | | |
| | S4 & S5 | | |
| M: | F & S1 | | |
| | F & S2 | | |
| | F & S3 | | |
| | F & S4 | | |
| | F & S5 | | |

| | Symbol | (Response Given) |
|---|---|---|
| M: S1 & S2 | | |
| S1 & S3 | | |
| S1 & S4 | | |
| S1 & S5 | | |
| S2 & S3 | | |
| S2 & S4 | | |
| S2 & S5 | | |
| S3 & S4 | | |
| S3 & S5 | | |
| S4 & S5 | | |
| S1: F & M * | | |
| F & S2 | | |
| F & S3 | | |
| F & S4 | | |
| F & S5 | | |
| M & S2 | | |
| M & S3 | | |
| M & S4 | | |
| M & S5 | | |
| S2 & S3 | | |
| S2 & S4 | | |
| S2 & S5 | | |
| S3 & S4 | | |
| S3 & S5 | | |
| S4 & S5 | | |
| S2: F & M * | | |
| F & S1 | | |
| F & S3 | | |
| F & S4 | | |
| F & S5 | | |
| M & S1 | | |
| M & S3 | | |
| M & S4 | | |
| M & S5 | | |
| S1 & S3 | | |
| S1 & S4 | | |
| S1 & S5 | | |
| S3 & S4 | | |
| S3 & S5 | | |
| S4 & S5 | | |

S3: F & M *
F & S1
F & S2
F & S4
F & S5

M & S1
M & S2
M & S4
M & S5

S1 & S2
S1 & S4
S1 & S5

S2 & S4
S2 & S5

S4 & S5

S4: F & M *
F & S1
F & S2
F & S3
F & S5

M & S1
M & S2
M & S3
M & S5

S1 & S2
S1 & S3
S1 & S5

S2 & S3
S2 & S5

S3 & S5

S5: F & M *
F & S1
F & S2
F & S3
F & S4

M & S1
M & S2
M & S3
M & S4

S1 & S2
S1 & S3
S1 & S4

S2 & S3
S2 & S4

S3 & S4

2. (a) "_____, which two people in the family do the most arguing ?"
OR disagree the most ?"

(b) ....."and which two people in the family argue or disagree the least ?"

| according to: | (a) | -//- | (b) | = |
|---|---|---|---|---|
| F: | _____ | _____ | _____ | _____. |
| M: | _____ | _____ | _____ | _____. |
| S1: | _____ | _____ | _____ | _____. |
| S2: | _____ | _____ | _____ | _____. |
| S3: | _____ | _____ | _____ | _____. |
| S4: | _____ | _____ | _____ | _____. |
| S5: | _____ | _____ | _____ | _____. |
| | (negative attribution) CONFLICT. | | (positive attribution) AFFILIATION. | |

3. "_____, when _____ is upset (angry, sad, etc.), who in the family would probably be the most helpful to him/her ?"

| according to: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| F: | M & _____ | = | S1: | F & _____ | = | S3: | F & _____ | = |
| | S1 & _____ | | | M & _____ | | | M & _____ | |
| | S2 & _____ | | | S2 & _____ | | | S1 & _____ | |
| | S3 & _____ | | | S3 & _____ | | | S2 & _____ | |
| | S4 & _____ | | | S4 & _____ | | | S4 & _____ | |
| | S5 & _____ | | | S5 & _____ | | | S5 & _____ | |
| M: | F & _____ | = | S2: | F & _____ | = | S4: | F & _____ | = |
| | S1 & _____ | | | M & _____ | | | M & _____ | |
| | S2 & _____ | | | S1 & _____ | | | S1 & _____ | |
| | S3 & _____ | | | S3 & _____ | | | S2 & _____ | |
| | S4 & _____ | | | S4 & _____ | | | S3 & _____ | |
| | S5 & _____ | | | S5 & _____ | | | S5 & _____ | |
| | (positive attribution) AFFILIATION. | | | | | S5: | F & _____ | = |
| | | | | | | | M & _____ | |
| | | | | | | | S1 & _____ | |
| | | | | | | | S2 & _____ | |
| | | | | | | | S3 & _____ | |
| | | | | | | | S4 & _____ | |

4. "_____, who in the family seems to spend the least amount of time at home?.....and who spends the next least amount of time at home? Rank your family members, including yourself from the least time spent at home to the most at home (excluding time at school or at work.).

| acc. to: | F: | M: | S1: | S2: | | (Exclusion score) |
|---|---|---|---|---|---|---|
| )( | (least) _____ | _____ | _____ | _____ | (least) | 2+ |
| | _____ | _____ | _____ | _____ | | 1+ |
| | _____ | _____ | _____ | _____ | | 0 |
| | _____ | _____ | _____ | _____ | | 0 |
| | _____ | _____ | _____ | _____ | | 0 |
| | _____ | _____ | _____ | _____ | | 0 |
| | (most) _____ | _____ | _____ | _____ | (most) | 0 |

(continued next page)

4. continued.

| acc. to: S3: | S4: | S5: | (Exclusion score:) |
|---|---|---|---|
| )( (least) _____ | _____ | _____ (least) | 2+ |
| _____ | _____ | _____ | 1+ |
| _____ | _____ | _____ | } 0 |
| _____ | _____ | _____ | } 0 |
| _____ | _____ | _____ | } 0 |
| _____ | _____ | _____ | } 0 |
| (most) _____ | _____ | _____ (most) | } 0 |

---

5. (a) "When there is a disagreement or a difficulty in the family, such as when (typical or presenting problem) _____ occurs, who in the family is the most involved in trying to resolve the difficulty and how would he/she go about that ?"

(b) ..... and who is probably the least involved in trying to resolve the problem?

acc. to : (problem suggested: _____)

F: (most involved) _____ (how ?) _____ (least) _____.

M: (most) _____ (how ?) _____ (least) _____.

S1: (most) _____ (how ?) _____ (least) _____.

S2: (most) _____ (how ?) _____ (least) _____.

S3: (most) _____ (how ?) _____ (least) _____.

S4: (most) _____ (how ?) _____ (least) _____.

S5: (most) _____ (how ?) _____ (least) _____.

(Positive attribution) PROBLEM RESOLUTION.

(Negative attrib'n.) EXCLUSION.

---

6. "_____, who in the family does most of the reprimanding, scolding or correcting when _____ (or _____) is (typical problem behavior) _____?"

acc to:

F: _____, M: _____, S1: _____, S2: _____, S3: _____,

S4: _____, S5: _____

(problem behavior used as example and person it is attributed to: _____, _____.

(Negative attribution) NEGATIVE OVERINVOLVEMENT.

B. STRUCTURED FAMILY INTERVIEW (from Watzlawick et al.)

- Hand out a small card and a pencil to each family member and say:

"This task will involve a bit of writing. On the card, write down what you consider to be the MAIN FAULT of the person sitting on your left. Do not identify the person you are writing about; use no name and don't even use words like "he" or "she", "his" or "her" ."

"Father, you write down mother's main fault; mother, you write down S1 's main fault and so on. (Youngest), you write down your father's main fault."

"Put your name on the bottom of the card. I won't reveal your name to anyone else, so no-one will know what you wrote on your card except me. I will write down 2 faults as well, although the faults I write could apply to anyone in the family, not necessarily to father who is on my left."

"Turn your cards in to me when you have finished.writing the main fault of the person on your left."

- Complete your 2 cards always writing "too good" (or "tries too hard to be good") on one card and "too weak" (or "is a weak person") on the other.

Shuffle all cards, including your own, but ALWAYS READ YOUR CARDS FIRST.

- Say "I am going to read what is written on these cards that I have shuffled, including my own 2 cards, and I want each of you to tell me in turn, who you think the comment is written about (OR who the fault applies to). You must choose only one person for each comment: you cannot say "this applies to both _____ and _____". Of course, if your comment is read, you will know who it applies to, but try to keep it a secret; don't let others know that you wrote it."

"Any questions ?"

- As you read each fault, ask "Who does this fault belong to ?"

| FAULT OF: | "too good" | "too weak" | Father | Mother | S1____ | S2____ | S3____ | S4____ | S5____ |
|---|---|---|---|---|---|---|---|---|---|
| Attributed by: F | to:_____ | to:_____ | to:___ | to:xxx | to:___ | to:___ | to:___ | to:___ | to:___ |
| M | | | | | xxx | | | | |
| S1 | | | | | | xxx | | | |
| S2 | | | | | | | xxx | | |
| S3 | | | | | | | | xxx | |
| S4 | | | | | | | | | xxx |
| S5 | | | xxx | | | | | | |
| PROTECTION SCORES: | | | | | | | | | |
| BLAME SCORES: | | | | | | | | | |
| AGREEMENT WITH: | | | S5 | F | M | S1 | S2 | S3 | S4 |

INVESTIGATIVE FAMILY INTERVIEW SCORING SHEET

FAMILY:_____ DATE:_____

| 1.Rel'ps. | -//- CONFLICT (-3) | ≡ NEGATIVE (-2) OVERINVOLVEMENT | ) ( EXCLUSION (-1) | = AFFILIATION (+1) | +≡ POSITIVE (+2) OVERINVOLVEMENT | } COALITION-ALLIANCE (+3) | SCORE |
|---|---|---|---|---|---|---|---|
| F-M | | | | | | | |
| F-S1 | | | | | | | |
| F-S2 | | | | | | | |
| F-S3 | | | | | | | |
| F-S4 | | | | | | | |
| F-S5 | | | | | | | |
| M-S1 | | | | | | | |
| M-S2 | | | | | | | |
| M-S3 | | | | | | | |
| M-S4 | | | | | | | |
| M-S5 | | | | | | | |
| S1-S2 | | | | | | | |
| S1-S3 | | | | | | | |
| S1-S4 | | | | | | | |
| S1-S5 | | | | | | | |
| S2-S3 | | | | | | | |
| S2-S4 | | | | | | | |
| S2-S5 | | | | | | | |
| S3-S4 | | | | | | | |
| S3-S5 | | | | | | | |
| S4-S5 | | | | | | | |

| 3. BLAME | 5.a. PROBLEM RESOLUTION | 4. &5.b. )( | NO. OF TIMES NAME APPEARS (a) NEGATIVELY | (b) POSITIVELY | 7. PROTECTION |
|---|---|---|---|---|---|
| F | F | F | F | F | F |
| M | M | M | M | M | M |
| S1 | S1 | S1 | S1 | S1 | S1 |
| S2 | S2 | S2 | S2 | S2 | S2 |
| S3 | S3 | S3 | S3 | S3 | S3 |
| S4 | S4 | S4 | S4 | S4 | S4 |
| S5 | S5 | S5 | S5 | S5 | S5 |

SCORING CRITERIA FOR QUESTION 1. OF THE INVESTIGATIVE FAMILY INTERVIEW.

COALITION ( } ) (+3).

A response in which it is clear that two persons are mutually acting against another.

EXAMPLES: "They get along so well that they leave eveyone else out of it."
"They're always planning things together, doing things that really bother me."
"I think they both work together against name ."
"They get along excellent; but I sometimes think he is taking my place (as husband)."

POSITIVE OVERINVOLVEMENT ( ≡ ) (+2).

A response in which it is clear that two persons are together a great deal in a mutually enjoyable way, but not to the detriment of another family member. (they may enjoy mutuality of ideas, plans, behaviours, or physical prescence)

EXAMPLES: "Oh, they spend a lot of time together..... they're always together."
"They get along fine.....they even seem to think the same."
"They're really wrapped up in each other."
"They're always together, doing things together.

AFFILIATION (=) (+1).

A response suggesting a normal 'give-and-take' relationship including some expressed disagreements as well as mutual enjoyment or appreciation. Disagreements are relatively infrequent and relatively 'low-key', and mutuality is casual and friendly, but not exclusive of others in the family.

EXAMPLES: "Oh, good, they get along fine;... they have their disagreements but nothing unusual."
"Real good....they get along really well.... about 80 - 20; 80% good and 20% arguments."
"Quite well, they play together, share,...they have disputes but they work it out."
"Pretty good,...real good...He'll get crabby, but he does what he's told" (parent & child rel'p. discussed).

EXCLUSION ( )( ) (-I).

A response in which it is clear that one of the persons named is often avoided by the other, or that the two seldom, if ever, relate.

NOTE: It is "normal" for an adolescent to be away from home as frequently as is permitted by the parents, and such a situation should NOT be scored as exclusion if it is clear that he/she is not being pushed away or left out by the other. This also applies to family members who may be away a lot. Exclusion is characterized by an avoidance or exclusion of someone else, or by a person excluding him/herself as an escape. An element of undesirability must be present in order for the rel'p. to be scored as exclusion.

EXAMPLES: "Well, she tries to relate to him but he pulls back.....he doesn't seem to want to get involved."
"Not good, there isn't a relationship really. QUERY. He's always gone and he doesn't really try to understand him."
"They don't talk much, they just leave each other alone."
"Really poor, they don't fight but he always runs away or goes to his room whenever she tries to talk to him or asks him to do something."

NEGATIVE OVERINVOLVEMENT (=) (-2).

A response in which it is clear that 2 persons are involved with each other a great deal where one assumes a 'one up' position, and the other, a 'one down' position. E.g. correcting, reprimanding, scolding, all with little or no argument or retort.

EXAMPLES: "Oh, those two are always at it, A always reprimanding B."
QUERY. "No, B doesn't fight back."
"Well A is always telling B off; they don't argue much though; A just tells B, and that's it.
"Not very good;.... they don't fight that much but they can't get along either, and yet they can't be apart."
"Well it's kind of odd,...they're together a lot, but they don't agree on anything."QUERY."No, they don't fight that much; it's just that A can't seem to do anything right in B's eyes."

CONFLICT (-//-) (-3).

A relationship characterized by frequent arguments, hostility or fights.

EXAMPLES: "Those two ?.....they fight all the time."
"I'd say about 80 - 20; 80% arguments and 20% they ignore each other."
"Well they don't get along at all; If one says something..... ...anything, the other one retaliates and vice versa."
"Pretty rotten.....when A gets home, the fight starts."

# INVESTIGATIVE FAMILY INTERVIEW
## SUMMARY REPORT FORM

FAMILY:_____ DATE:_____

MEMBERS PRESENT: F_____, M_____, S1_____, S2_____,

S3_____, S4_____, S5_____ ,

(others)_____.

1. RELATIONSHIPS. Score

| | | | |
|---|---|---|---|
| F | M | _____ | ( ) |
| F | S1 | _____ | ( ) |
| F | S2 | _____ | ( ) |
| F | S3 | _____ | ( ) |
| F | S4 | _____ | ( ) |
| F | S5 | _____ | ( ) |
| M | S1 | _____ | ( ) |
| M | S2 | _____ | ( ) |
| M | S3 | _____ | ( ) |
| M | S4 | _____ | ( ) |
| M | S5 | _____ | ( ) |
| S1 | S2 | _____ | ( ) |
| S1 | S3 | _____ | ( ) |
| S1 | S4 | _____ | ( ) |
| S1 | S5 | _____ | ( ) |
| S2 | S3 | _____ | ( ) |
| S2 | S4 | _____ | ( ) |
| S2 | S5 | _____ | ( ) |
| S3 | S4 | _____ | ( ) |
| S3 | S5 | _____ | ( ) |
| S4 | S5 | _____ | ( ) |

2. CONFLICT _____

_____

_____

_____

3. AFFILIATIONS / COALITIONS _____

_____

_____

_____

_____

4. EXCLUSION _____

_____

_____

_____

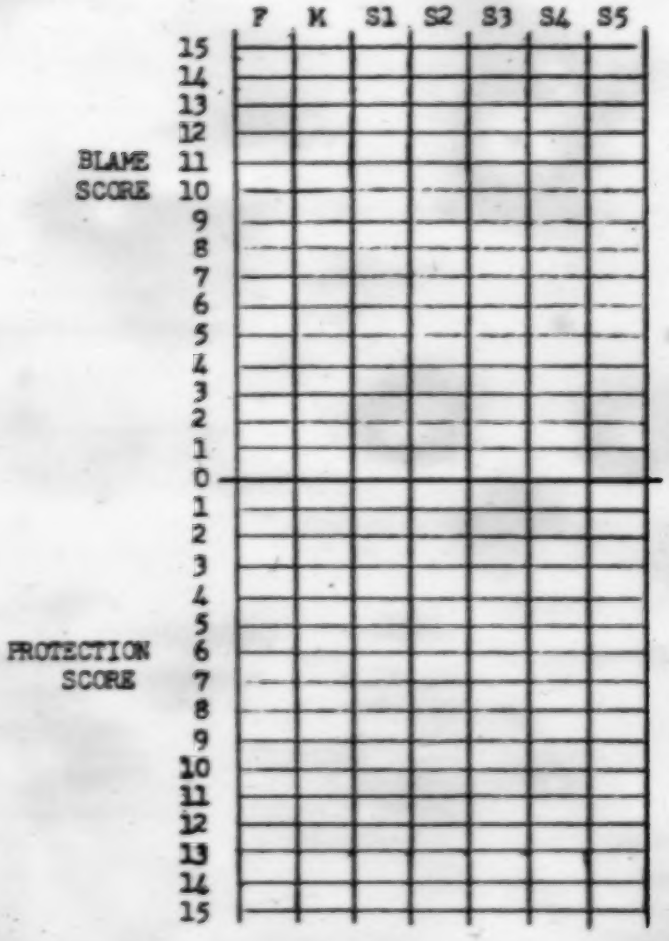
_____

_____

5. PROBLEM RESOLUTION _____

6. OVERINVOLVEMENT (+ or -) _____

7. BLAME versus PROTECTION _____



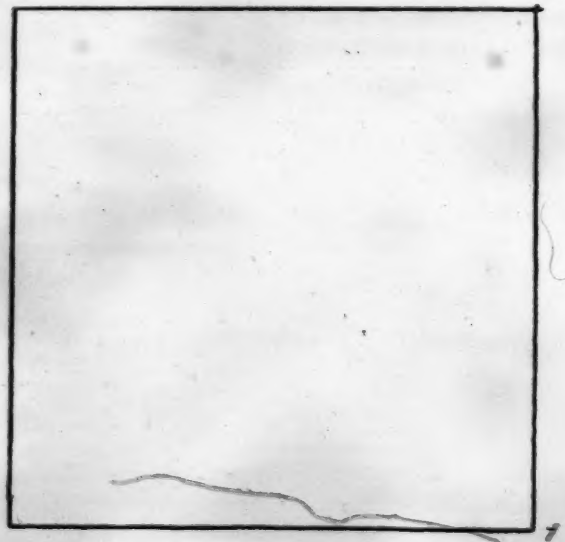

AGREEMENT SCORE:

___ = __ % F M S1 S2 S3 S4 S5

8. FAMILY MEMBERS MOST FREQUENTLY MENTIONED - NEGATIVELY _____

- POSITIVELY _____

FAMILY MAP



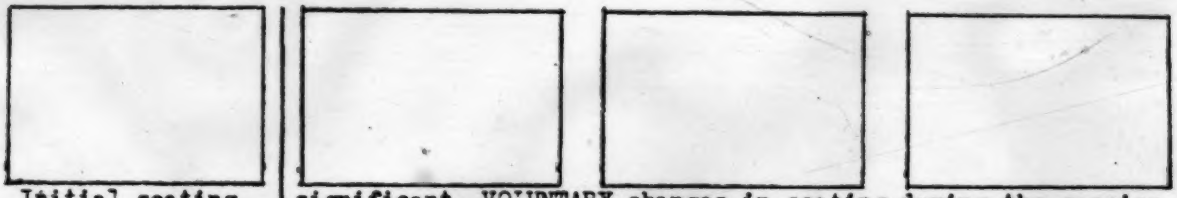
# OBSERVER CHECKLIST



FOR THE EVALUATION OF SOME PATTERNS OF FAMILY COMMUNICATION AND STRUCTURE

A. VIDEOTAPE ANALYSIS.

I. SEATING ARRANGEMENTS:



Initial seating | significant, VOLUNTARY changes in seating during the session.

II. COMMUNICATIONS: As you observe the videotaped session, look for examples of the following, and indicate the family members involved as well as the direction of the communication. (see examples).

| | VERBAL | NON-VERBAL |
|---|---|---|
| 1. COALITION: | e.g.-A defends or protects B from accusation or criticism of C.<br>-A changes (softens) the meaning of C's criticism of B. | e.g.-A and B exchange "knowing" glances during C's speech about either A or B (or both).<br>-A and B touch reassuringly when C is critical of A or B. |
| | A+B ←C | A+B ←C |
| 2. +OVERINVOLVEMENT: | e.g.-A and B talk together about something unrelated to the on-going family discussion. They are not involved because of mutual, friendly involvement. | e.g.-A and B look at each other, play together, or gesture to each other showing their non-involvement in the family discussion. |
| | A+B | A+B |
| 3. EXCLUSION: | e.g.-A talks to another (such as the therapist) about or to B, but does not talk to B him/herself.<br>-A avoids or does not respond to B's talk to A. | e.g.-A avoids eye contact with B when B talks to A.<br>-A gestures to stop B from talking or otherwise attending to A. The purpose is avoidance. |
| | A/B | A/B |
| 4. -OVERINVOLVEMENT: | e.g.-A reprimands, criticizes, or scolds B. | e.g.-A gestures to B to make B stop doing something.<br>-A holds, pushes, slaps or otherwise controls B's behaviour. |
| | A→ B | A→ B |
| 5. CONFLICT: | e.g. -A blames, accuses, or criticizes B and B responds in defence or defiance. An argument ensues. | e.g.-A pushes, slaps, or "controls" B and B retaliates. A "fight" ensues. |
| | A+B | A+B |

III. RELATIONSHIP STRUCTURE: Select the appropriate symbol from the key to characterize in general terms, the various dyadic relationships of the family as observed in this session.

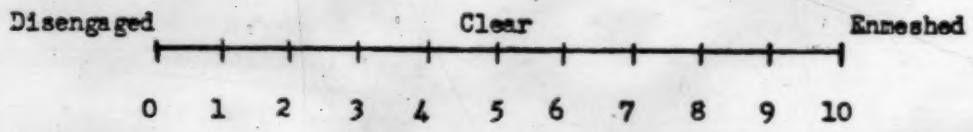
| | |
|---|---|
| Coalition } | |
| +Overinvolvement +≡ | |
| Affiliation = | |
| Exclusion )( | |
| -Overinvolvement -≡ | |
| Conflict -//- | |

| | Father | | Mother |
|---|---|---|---|
| Father ___ | S1. | ___ | Mother ___ S1. ___ |
| Father ___ | S2. | ___ | Mother ___ S2. ___ |
| Father ___ | S3. | ___ | Mother ___ S3. ___ |
| Father ___ | S4. | ___ | Mother ___ S4. ___ |
| Father ___ | S5. | ___ | Mother ___ S5. ___ |

Comment briefly on the nature of the relationship(s) between the siblings using the terms coalition, positive or negative overinvolvement, affiliation, exclusion, conflict, as appropriate.

Comment on the nature of the relationships of other realatives/friends who are significantly involved with this family and who attended this session.

IV. FAMILY BOUNDARIES: On the basis of your observation of this family in this session, characterize the boundary between the parental subsystem and the child subsystem (or sibling subsystem) by placing an X on the appropriate location on the continuum below.




Disengaged: a very rigid separation between parents and children. The interactions are cold, controlled and distant.

Clear : members of both subsystems are allowed to function without undue interference but close, intimate contact is permitted.

Enmeshed : a very diffuse boundary between the subsystems; the interactions show no clear distinction of parental and child roles.

Briefly explain why you selected the above characterization of the family boundaries as observed in the session.

# ANALYSIS OF THERAPEUTIC INTERVENTIONS

Rater_____ Date_____ Tape No._____ Family_____ Therapist_____

Carefully observe the therapist's interactions in the taped session with the family and briefly describe the specific probes and interventions used and the family's general response in each case. Omit therapist interactions that are simple requests for clarification or elaboration (such as "I'm not sure I understand","Is this what you mean;.....?", "Could you tell me more about that ?", or "And then what happened ?".) and those which are simply verbal or non-verbal indications of understanding (such as "Uh huh" or "I see".)

Each therapeutic intervention identified and briefly described should then be categorized using the following criteria. Note that one intervention may well consist of more than one criterion.

CATEGORIES OF THERAPEUTIC INTERVENTIONS:

1. ASSIGNING TASKS
   - (a) assigning roles to family member(s) - role-playing, enactment.
   - (b) assigning task of speaking to another member about a given topic - recreating communication channels.
   - (c) assigning one or more members to sit/stand in a specified location - manipulating space.
   - (d) assigning tasks to be completed at home - homework.

2. ENTERING THE FAMILY SYSTEM
   - (a) joining with the family
   - (b) preventing a member from speaking with/to another
   - (c) preventing a member from behaving in a particular way

   } -blocking trans-actional patterns

   - (d) emphasizing differences between members (in behaviour, attitudes, ideas, etc.)
   - (e) encouraging a conflict between 2 or more members.
   - (f) joining in coalition with one member against another.
   - (g) taking executive control of the family temporarily in order to give it to another at a later time.

3. UTILIZING THE SYMPTOMS
   - (a) focussing on the symptom (the symptom bearer's "problem" behaviour)
   - (b) moving to a new symptom
   - (c) exaggerating the symptom
   - (d) de-emphasizing the symptom
   - (e) relabelling the symptom

4. MARKING BOUNDARIES
   - (a) strengthening enmeshed boundaries towards individuation
   - (b) weakening rigid (disengaged) boundaries towards interdependancy

5. MANIPULATING MOOD
   - (a) exaggerating the expressed affect
   - (b) de-emphasizing the expressed affect
   - (c) relabelling the expressed affect

6. SUPPORT, EDUCATION AND GUIDANCE
   (a) teaching communication skills, parenting skills, or others.
   (b) offering advice regarding financial, community, school, or other support services.

7. OTHER (provide a brief description)

| DESCRIPTION OF INTERVENTION | CATEGORIES | | GENERAL FAMILY RESPONSE |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

| DESCRIPTION OF INTERVENTION | CATEGORIES | GENERAL FAMILY RESPONSE |
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# APPENDIX B

FORM FOR THE ANALYSIS OF THE THERAPEUTIC PROCESS AND CHANGE

FAMILY_____ DATE_____ THERAPIST_____ SESSION _____ RATER _____

| Speaker | Summary of Content of Speech | Commun. type | S or C | ↑, ↓ or s | Transaction symbol | Transaction score | Therap. Intrvntn. |
|---|---|---|---|---|---|---|---|
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| Participation F____, M____, S1____, S2____, S3____, S4____, S5____, | | | # S____ # C____ | | | Sub-Total ____ | |

| Speaker | Summary of content of speech | Commun. type | S or C | ↗, ↘ or s | Transaction symbol | Transaction score | Therap. Intrvntn. |
|---|---|---|---|---|---|---|---|
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| Participatio F___, M___, S1___, S2___, S3___, S4___, S5___, | | | # S___ # C___ | | | Sub total ___ | |

SUMMARY OF THERAPEUTIC PROCESS AND CHANGE

SESSION_____, FAMILY _____

TRANSACTION SCORE_____ INTERPRETATION:_____

_____

NUMBER OF INSTANCES OF: PRINCIPLE PARTICIPANTS:

Coalition _____ _____

Pos. Overinv._____ _____

Excl./Detour._____ _____

Neg. Overinv._____ _____

Conflict _____ _____

DYADIC RELATIONSHIPS: Select the appropriate symbol from the Key to characterize, in general terms, each of the dyadic relationships in the family according to your evaluation of the session.

F_____M

F_____S1 M_____S1

F_____S2 M_____S2 S1_____S2

F_____S3 M_____S3 S1_____S3 S2_____S3

F_____S4 M_____S4 S1_____S4 S2_____S4 S3_____S4

| KEY: | | | |
|---|---|---|---|
| Coalition | } | Exclusion | )( |
| Pos. Overinv. | $\overset{+}{\equiv}$ | Neg. Over. | $\overset{-}{\equiv}$ |
| Affiliation | = | Conflict | -//- |

GENERAL ASSESSMENT OF FAMILY RELATIONSHIPS AND FAMILY RULES:

_____

_____

_____

_____

_____

Tentative family map:

FAMILY BOUNDARIES: On the basis of your observation of the family in this therapy session, characterize the boundary between the parental and sibling subsystem by placing an "X" on the appropriate location on the continuum below.

Clear

Disengaged 0 1 2 3 4 5 6 7 8 9 10 Enmeshed

Disengaged: very rigid separation between subsystems; interactions are cold, controlled, and distant.

Clear: members of both subsystems are allowed to function without undue interference but close, intimate contact is permitted.

Enmeshed: very diffuse boundary between subsystems; the interactions show no clear distinction between parent and child roles.

TOTAL SYMMETRY _____ %____ TOTAL STEREOTYPIC _____ %____

TOTAL COMPLEMENTARITY_____ %____ TOTAL NON-STEREOTYPIC_____ %____

TOTAL PARTICIPATION :

F_____ %____ S1_____ %____ S3_____ %____

M_____ %____ S2_____ %____ S4_____ %____

THERAPEUTIC INTERVENTIONS:

| Major types | Brief description of intervention | Immediate family response | | |
|---|---|---|---|---|
| | | Content | S/C | Part'n. |
| | | | | |
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ADDITIONAL COMMENTS FOR CLARIFICATION:

# APPENDIX B

## Tapescripts of Parts of Sessions One and Two with the L-Family

### Session One : the beginning

(After the therapist has made initial introductions and asked about how the week had been).

M. Well, she was going to this funeral.(pause) I didn't particularly feel that she should go, but she went. (unclear)... people who were going to this prayer service, and so she didn't come home until after 1:30 last night. (pause) I didn't feel that anybody who is not a family member, umm, a friend....

A. I'm her friend !

M. .... isn't required to be there.

A. I was her friend !

M. I said a friend isn't required to be there. But I don't....

A. I'm her friend ! (begins to cry).

M. Well you weren't <u>that</u> involved with that family.

A. I was so ! Mom, I spent a lot of time with that family ! (pause) God, I lived with her sister !

M. She hardly knew you, you were a runaway !

A. ....and there was this other sister .... and Tom, her husband. I was always with her mom, a lot of times. I was always playing with .... I was always going out with her brother!

F. But....

A. What does she think, I'm a stupid little kid or something ? (pause) She doesn't care about fuck all !!!

F. Hey !

A. Well it's true.

F. I don't want to hear this kind of stuff, Okay ? You're talking to your.... your mother, and cut it out! We don't want to listen to your angry.... (turns to therapist) Just a quiet little .... you're going babysitting. A phone call is all it takes. Why can't a parent have a yes or no or maybe so ? We <u>assume</u> you're over there; it's all based on assumption ! (Father now proceeds to explain the situation to the therapist at considerable length and also talks to

A through the therapist, that is, he addresses his comments to the therapist, but a message is implied for A as well).

Session One : later.

F. ..... so all we expect is a phone call to her mother. That's all I ask.

A. I did.

M. You phoned me last night just before nine.

A. (crying) Well what do you want me to do, phone you at twelve midnight, or one in the morning ?

M. You said you were coming home, so....

A. Well then you would have yelled at me if I woke you up.

M. It doesn't take from nine to one thirty to get from there to home.

F. Maybe we shouldn't start on this (directed to M.)

Session One : still later.

Th.(therapist) (to T) I think you're a really important part of this family.

T. I don't.

Th. No ? How come ?

T. (shrugs, smiles, fidgets).

Th. Why don't you think you're important ?

T. Well, I don't get into trouble or anything.

A. You get into trouble like I do T.

T. Shut up!

F. He doesn't get caught, maybe that's it.

T. No (laughs and points to head as if to say "I'm smart !") (pause) (laughs again) You're staring at me (said to A).

Th. So you say you're not very important, why is that ?

T. I don't know

Th. I'd really like to know.

(pause, T stares at A).

Session Two : near the beginning.

(The session began with the new therapist, recently assigned to work with the L-family, and meeting with them for the first time, explained why the therapist they met with earlier was not present. This was followed by a discussion between father and the therapist about father's request to change the dates for meeting because of what he described as difficulties at work. The therapist promised to look into the possibility of meeting on Fridays.)

Th. Okay, that's fair. I'll certainly check into it. (pause) Good, umm, I'm feeling kind of lost ... I'm not really sure where to start with you people because I really haven't met with you people other than a couple of weeks ago, the last part of the session, Uhh, so I suppose, I have a lot of questions to ask. Umm, the first one is, how have things been going at home the last couple of weeks?

M. Oh, they come and go.

Th. Yeah ? Which means ?

M. Well I mean, everybody is not (pause) These moods are not continuing on for days.

Th. Did they used to ?

M. Oh yeah, they'd continue on for days, weeks. But now they'll maybe go on for a day, or a few hours at the most, or just a few minutes.

Th. So things have gotten better ?

M. Well, yeah.

Th. Hmmm, that's interesting, ... How about for you A ?

A. Things got better.

Th. Yeah ? How did they get better ?

A. Well, I'm doing better in school and I'm not upsetting my Mom as much.

Th. Hmmm, what do you think happened ?

A. (smiles, laughs) I don't know.

Th. No ? They just, somehow, things changed ? How about for you T, are things going better for you ?

T. Pretty good.

Th. Yeah ? Different ? The same ?

Session Two : near the end.

(The therapist has just questioned the father about his earlier statement regarding the possibility of his returning to live with the family.)

Th. My understanding was that it was basically everybody's decision to make and I was curious about that since you and (mother) are really, you know, the couple.

F. Well, you know, eventually it'll be everybody's decision but, I mean, I don't want to sit there in the wings, waiting for a unanimous vote whether I come back or not. I mean, that's not what I'm really trying for. You see, thing is, if everything was going fine at home and they're all happy, and we would all fit into one gel, you know, .... that still doesn't mean it's going to happen today, tomorrow ... that's going to happen when the time is right. If A is doing good at school and T is doing good at school and .... and everything else, and realizing if I came back there's going to be rules and everything else, it's a, you know, not going to change overnight.

Th. Yeah, .... Is that, uhh, is that something you are striving for (mother) ? .... to bring the family back together again ?

M. (nods in agreement)

F. Well you see, it could be a short term thing or ....

M. Yeah, well, you know, it might not happen for the next thirty years or so.

A. (glances at mother several times and eventually, looks at her intently)

F. Yeah, we just don't know, not now anyway.

M. 'Cause I could give you lots of examples of fathers who never show up, you know, once they're gone, they're gone. But he helps out when A acts up or whatever.

F. You know, I think I have to be there. When A causes some trouble, she calls me up and I'm there; you know, just 'cause I don't live there, doesn't mean I'm not her father.

Th. So you and (mother) both share the parenting ....

F. Yeah,

Th. Well it seems to me that you two do a good job of working together as parents.....

M. Umm, yeah, you know, when there's a crisis, we work together.

Th. Yeah, and .... I wonder, who would you say does most of the parenting of, you know, of your two kids ?

A. (points to mother) She does.

F. Well, I can't be there all the time, 'cause, you know, I don't live there, but in a crisis, when I get the phone call, then I try to help out if I can.

M. (looks at A, they comment together, inaudibly, then they smile and laugh quietly)

FORM FOR THE ANALYSIS OF THE THERAPEUTIC PROCESS AND CHANGE

FAMILY "L" DATE Oct. 22, 1981 THERAPIST Graham SESSION # 1. RATER J.S.

| Speaker | Summary of Content of Speech | Commun. type | S or C | ↑, ↓ or s | Transaction symbol | score | Therap. Intrvntn. |
|---|---|---|---|---|---|---|---|
| Session One : beginning | | | | | | | |
| M. | complains about A | dec. | S | s | | | |
| A. | objects, challenges M. | dec. | S | s s | | | |
| M. | continues with complaint about A | dec. | S | s s | | | |
| A. | repeats objection, challenge | dec. | S | s s | M-//-A | - 3 | |
| M. | answers challenge, begins to withdraw | dec. | S | s s | | | |
| A. | repeats objection, cries | dec. | S | s s | | | |
| M. | denies A's claim | dec. | S | s s | | | |
| A. | challenges M again | dec. | S | s s | | | |
| M. | denies A's claim, calls A a name | dec. | S | s s | | | |
| A. | continues, using examples to challenge M | dec. | C | s ↗ | | | |
| F. | attempts to interrupt | (neg.)? | C | ↙↗ | | | |
| A. | (to F.) questions M's motives, accuses M | int/dec | C | ↙↗ | | | |
| F. | reacts with alarm | (neg)? | C | ↙↗ | | | |
| A. | asserts her accusation about M | dec. | C | ↙↙ | | | |
| F. | reprimands A. & turns to Th. to justify self etc. | imp/dec | C | ↗_ | F = A | -2 -1 | |
| Participation F 3, M 5, S1 7, S2 0, (Th. =0) S3____, S4____, S5____, | | | # S 9, # C 5 | | F )( A | Sub-Total - 6 | |

| Speaker | Summary of content of speech | Commun. type | S or C | ↗,↘ or s | Transaction symbol | Transaction score | Therap. Intrvntn. |
|---|---|---|---|---|---|---|---|
| Session One : later | | | | | | | |
| F. | relates parental expectation of A | dec. | S | – s | | | |
| A. | defends self against criticism implied by F | dec. | S | s s | M–//–A | – 3 | |
| M. | challenges A's statement | dec. | C | s ↗ | | | |
| A. | defends self by questioning M's demands | int. | C | ↘↗ | | | |
| M. | continues to challenge A | dec. | S | ↘ s | | | |
| A. | defends self, accusing M | dec. | S | s s | | | |
| M. | continues to challenge A | dec. | C | s ↘ | | | |
| F. | interrupts, mildly reprimands M | neg. | C | ↗ – | F ≡ M | – 2 | |
| Session One : still later | | | | | | | |
| Th. | suggests T's importance in the family | dec. | C | – ↗ | | | 2 f (joining in coalition with one member) |
| T. | disagrees | neg. | C | ↘↗ | | | |
| Th. | queries T | int. | C | ↘↗ | | | |
| T. | responds - indicates he is not the problem | dec. | S | ↘ s | | | |
| A. | challenges T | dec. | C | s ↗ | A–//–T | – 3 | |
| T. | tells A to shut up | imp. | C | ↘↗ | | | |
| F. | responds to A for T (defends T) | dec. | S | ↘ s | F } T → A | + 3 | |
| T. | agrees (gestures I'm smart) accuses A | dec. | C | s ↗ | | | 2 d. (emphasizing diff's) |
| Th. | queries T. further | int. | | ↘↗ | | | |

Participation F 3, M 3, S1 4, S2 4, (Th. = 2)
S3 ___, S4 ___, S5 ___,

# S 6
# C 9

Sub total – 5

| Speaker | Summary of content of speech | Commun. type | S or C | ↗, ↘ or s | Transaction symbol | Transaction score | Therap. Intrvntn. |
|---|---|---|---|---|---|---|---|
| (Session one : still later continued) | | | C | | | | |
| T. | doesn't know | desc. | S | ↘ s | | | |
| Th. | persists | desc: | C | s — | | | |
| T. | no response (stares at A instead) | — | | | | | |
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| Participatio F 0, M 0, S1 0, S2 2, (Th. = 1) S3___, S4___, S5___, | | | # S 1 # C 1 | | | Sub total ___ | |

FORM FOR THE ANALYSIS OF THE THERAPEUTIC PROCESS AND CHANGE

FAMILY " L " DATE Nov. 5, 1981 THERAPIST Beth SESSION # 2 RATER J.S.

| Speaker | Summary of Content of Speech | Commun. type | S or C | ↑, ↓ or s | Transaction symbol | Transaction score | Therap. Intrvntn. |
|---|---|---|---|---|---|---|---|
| Session Two : near the beginning | | | | | | | |
| Th. | queries the family | int. | | – ↑ | | | 7. (questioning the family) |
| M. | responds | dec. | C | ↓ ↑ | | | |
| Th. | queries for explanation | int. | C | ↓ ↑ | | | |
| M. | responds, explaining about A's behavior | dec. | C | ↓ ↑ | | | |
| Th. | queries further | int. | C | ↓ ↑ | | | |
| M. | responds, contrasts A's behavior then & now | dec. | C | ↓ ↑ | | | |
| Th. | queries reported improvement | int. | C | ↓ ↑ | | | |
| M. | hesitant confirmation | dec. | C | ↓ ↑ | | | |
| Th. | accepts M's response - queries A | int. | C | ↓ ↑ | | | |
| A. | responds | dec. | C | ↓ ↑ | | | |
| Th. | queries for explanation | int. | C | ↓ ↑ | | | |
| A. | explains improvement | dec. | C | ↓ ↑ | | | |
| Th. | queries reason for improvement | int. | C | ↓ ↑ | | | |
| A. | doesn't know | dec. | C | ↓ ↑ | | | |
| Th. | accepts A's response - moves on to query T. | int. | C | ↓ – | | | |
| Participation F 0, M 4, S1 3, S2 0, (Th. = 8) S3____, S4____, S5____, | | | # S 0 # C 14 | , | | Sub-Total ____ | |

| Speaker | Summary of content of speech | Commun. type | S or C | ↗,↙ or s | Transaction symbol | score | Therap. Intrvntn. |
|---|---|---|---|---|---|---|---|
| Session Two : near the end | | | | | | | |
| Th. | expresses confusion about parental plans | dec/int. | | – ↗ | | | |
| F. | explains situation, requirements for reunion | dec. | C | ↙ ↗ | | | |
| Th. | accepts, then queries M re her plans | int. | C | ↙ ↗ | | | |
| M. | agrees (non verbally) | agr. | C | ↙ ↗ | / | | |
| F. | attempts to clarify M's response | dec. | C | ↙ s | | | |
| M. | completes F's statement | dec. | S | s s | | | |
| F. | supports M's comment | dec. | S | s s | | | |
| M. | compliments F. for involvement in family | dec. | S | s s | | | |
| F. | accepts and restates M's compliment | dec. | S | s ↙ | | | |
| Th. | queries parents for clarification | int. | C | ↗ ↗ | | | |
| F. | confirms | dec. | C | ↙ s | | | |
| Th. | compliments parents as parents | dec. | S | s s | | | 4 a. strengthen parental boundary |
| M. | accepts but modifies (parent together only during a crisis) | dec. | S | s ↙ | | | |
| Th. | queries parents -focus on differences | int. | C | ↗ ↗ | | | |
| A. | responds for parents -indicates M as parent | dec. | C | ↙ s | A } M → F | + 3 | |
| F. | defends self against implied criticism of A | dec. | S | s ↙ | | | |
| M. & A. | non-verbally distracted together | (n/a) | C | ↗ – | A⁺ ≡ M | + 2 | |
| Participatio F 6, M 5, S1 2, S2 0, (Th. = 5) S3 ___, S4 ___, S5 ___, | | | # S 7 # C 9 | | | Sub total + 5 | |